(312) 750-9000
www.datmp.com

Office Policy

By signing below, you understand the following:

- We like having knowledgeable patients and strive to educate patients regarding their current dental condition. We invite you to discuss with us any questions regarding our services or your dental needs.
- The best Dental Health services are based on a friendly, mutual understanding between the provider Dentist and Hygienist and the Patient.
- Office policy requires payment, in full, for all services rendered at the time of the visit. We accept All Major Credit Cards, Cash, Checks and offer Extended Payments through Care Credit or lendingUSA .
- If your account is not paid within 60 days of the date of service, you will be responsible for legal fees, collection agency fees, interest charges and any other expenses incurred in collecting your account – We report to the Credit Bureaus.
- If you do not come to your appointment and do not cancel within 48 hours, you will be charged a missed appointment fee.
- We reserve the right to correct any and all billing errors or discrepancies without any time limit. We are not responsible for lost or stolen items.
- Dental Insurance is a contract between the Patient and the Insurance Company. We fill out and submit dental claims as a courtesy to our patient but we do NOT guarantee that the Insurance Company will make ANY payment towards the procedures performed. Ultimately the cost is Your Responsibility.
- The Insurance Company may request further information which we will attempt to fulfill, but any outcome of the Insurance Claim is the sole responsibility of the patient.
- If you require duplication of Radiographs (x-rays) or other information to be sent to an insurance carrier or other dental office, you will be charged the allowable State of Illinois Duplication Fee.
- Discounts and Professional Courtesy's are a bonus that is earned. If the patient does not live up to their payment, the discount will be forfeited and the patient will be charged the routine fee for all dental work.
- A billing charge is placed on all accounts over 30 days, we appreciate the prompt payment of your bill.
- You understand that Dentistry is NOT an exact science and therefore reputable practitioners cannot guarantee results. You also acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment. There is no guarantee that the result of any dental treatment will be successful.
- You authorize us to perform any necessary services needed during diagnosis and treatment.
- Antibiotic pre-medication and usage may reduce the effectiveness of Birth Control Pills.
- For patients with Dental Insurance (which requires Claim Forms): you are authorizing the provider to release any information required to process insurance claims and to assign benefits (payment) to our Dental Office.
- Dental Devices (including but not limited to: Surgical Stents, Crowns, Laminate Veneers, Bridges, Guards) are custom fabricated for the patient

By signing below, you understand the above information and guarantee this 4-page form was filled our correctly and understand it is your responsibility to inform this office of any changed to the information that you have provided.

Signature: _____ Date: ___ /____ /_____

☐ Adult Patient ☐ Parent or Guardian ☐ Spouse

Thank you from all of us at: DENTISTRY AT MILLENNIUM PARK™