

WELCOME to Smile Solutions of Clarendon Hills, LLC

Welcome to Smile Solutions of Clarendon Hills, LLC. Our goal is to provide the most comprehensive dentistry in our new state-of-the-art facility. We strive for excellence in every aspect of the dental care we offer. We respect your time and make every effort to adhere to your scheduled appointment time. Your prompt arrival for scheduled appointments is greatly appreciated. However, dental emergencies do arise and we ask for your understanding if delays do occur due to such emergencies.

INSURANCE AND OTHER PAYMENTS

A copy of your current insurance card must be on file if we are to bill insurance directly for any portion of the charges incurred for your dental treatment. All "Patient-owed" balances, such as co-payments, deductibles, and charges for non-covered services are to be paid at time of visit. The undersigned agrees and acknowledges that in the event any legal action in our sole discretion shall be required to be taken by us, for the collection of any amounts due us for services rendered, the undersigned agrees to pay all costs and expenses incurred by us for the collection of any amounts due us, including but not limited to, all of our attorney fees, legal and –court costs-expert witness fees -and any-and -all fees-incurred by us in-connection with the collection of all amounts due to us for services rendered, and remaining unpaid for 30 days from date of initial billing for said services. If billing becomes necessary, monthly statements will be sent and due to high processing and mailing fees, a billing charge will be added each month that a balance remains unpaid. We also reserve the right to impose a service charge for the unpaid balance. There is a \$35.00 fee for returned checks.

RESCHEDULING OR CANCELLATION OF APPOINTMENTS

We require 24 hour notice if an appointment is being cancelled or rescheduled. If less than 24 hours' notice is given and the scheduled time cannot be filled from our Waiting List, a \$35.00 fee will be charged. Please note that insurance companies do not pay for "missed" appointments! This charge is solely the patient or guardian's responsibility. We also suggest that "Re-Call" appointments, such as normal bi-annual Hygiene appointments be made at the time of your current visit to insure an opening in our schedule. If you have any questions or concerns, please ask our staff for assistance. We will be happy to work with you on any issue. Thank you for choosing Smile Solutions of Clarendon Hills, LLC as your dental care provider. We look forward to providing you with the safest and most comprehensive dental services available. I acknowledge that I have read and understand the above statements.

Signature of Parent or Guardian if patient is younger than 18 years old

Date

INSURANCE RELEASE

I authorize the release of any dental information necessary to process claims and request that payment of benefits be made directly to Burlington Dental Care, LLC for services rendered.

Signature of Parent or Guardian if patient is younger than 18 years old

Date