

Yelena Y Kozlovitser DDS PC
Family Dental Clinic
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Dear Patient,

Our office is most happy to complete and submit most insurance claims. We accept most standard insurance plans. Please keep in mind that **most insurance companies do not cover all dental expenses**. We encourage you to discuss any questions you may have regarding your specific plan with our office management and insurance department staff. Questions regarding your dental care should be discussed with your doctor. Thank you for the opportunity to serve you.

Please read and sign below showing you have understood the following:

- I understand that my insurance policy may/may not cover all dental services and that it is my responsibility to call my insurance company to verify my/my family coverage on dental procedures to be performed on me/my family.
- My insurance plan may have a deductible and/ or copayment amount which is due at the time of service. I understand that I will be responsible for any other balance not paid by my insurance company.
- I accept full responsibility for all fees requires for my child's/children's dentistry, regardless my marital status.
- I understand there is a charge \$35.00 for failing an appointment or canceling without 24 hours notice.
- In the event that I/my family want to transfer to another office, I understand that my/my family's balance must be paid in full to receive copies of dental records. There is a \$50.00 charge for duplication of X-rays and dental records at the request of me or my insurance company, or new office.
- I understand that if my check payment is returned as NSF from the bank, there is a \$35.00 NSF charge which will be added to my account, or any credit cards refute performed by me for any reason, there is \$20.00 chargeback will be added to my account I may be asked to make payment by money order, or cash only.
- I understand that I am responsible for any reasonable fees, expenses, or costs related to the collection of any unpaid balance, including but not limited to late charges, referral costs, and commissions paid to attorneys or collection agencies.

Patient Signature

Date