

Eola Dental
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Aurora, IL 60502
630-236-6300

FINANCIAL POLICY

Thank you for choosing Eola Dental. We would like to take this opportunity to welcome you to our practice and to familiarize you with our office's financial policy. Kindly take a moment to read the following information and sign below.

As a **courtesy** to our patients, we will submit your dental claim to your insurance carrier based on the information you have provided our office. It is our office policy that you pay your **estimated co-pay and deductible** (if applicable) at time of service. Your **estimated portion** is based upon the information that our office has received from your insurance company at the time eligibility was verified. Verification of benefits does not guarantee payment. You *should* receive an explanation of benefits from your insurance company after your claim is processed. This way you can contact them regarding any questions you may have about the claim. If there is any amount that the insurance does not cover, you will receive a statement from our office for the balance due. We will not call to inform you that we have received payment. We will do everything we can to help you receive maximum dental benefits, but of course, you are ultimately responsible for your bill. Eola Dental is not a contracted DMO or PPO provider, so by agreeing to treatment you are agreeing to pay your co-pay, the applicable deductible and any remaining balance not paid by insurance.

The patient or responsible party is also responsible for keeping abreast of their remaining dental benefits for the calendar or benefit year. If you are unsure, you can contact your insurance company or our office and we will be happy to contact your insurance and gather this information for you. If your insurance carrier or policy has changed or has terminated since your last visit, we ask that you inform our office so we can update our records.

If you do not have dental benefits or unsure of which insurance carrier you may be contracted with, payment in full is expected at time of service unless other financial arrangements have been made with our office manager. We are more than happy to work out financial arrangements that can meet your needs.

We ask that if you are unable to keep a scheduled appointment please call us at least **36** hours in advance, so we are able to accommodate another patient. **Our office reserves the right to charge for missed or frequently cancelled appointments.**

Please don't hesitate to discuss any questions or concerns with one of our staff. We will be pleased to assist you in whatever way we can.

We thank you for your cooperation and thank you again for choosing Eola Dental.

Patient Name: _____

Patient or Responsible Party Signature: _____ **Date:** _____