



531 E. Roosevelt Road • Suite 100 • Wheaton, IL 60108 • 630-529-0303

Financial Relationship

Thank you for choosing Arden Dental PC. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of that mission is making the cost of optimal care as easy and manageable for all patients by offering several payment options.

You may choose one of the following:

- Cash, Check, American Express, Visa[®], MasterCard[®] or Discover Card[®]
- In-House Financing (up to 3 months)
- Convenient Monthly Payment Options¹ from **CareCredit** Healthcare Credit Card
 - o Allows you to pay over time
 - o No annual fees or pre-payment penalties
 - o 0% interest if paid in full within 6 months

Please note:

Arden Dental PC requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

For plans requiring multiple appointments, alternative payment arrangements may be provided.

For patients with dental insurance, our office is committed to helping patients maximize their benefits. Insurance policies vary greatly and we can only **estimate** your coverage in good faith, but cannot guarantee coverage due to the complexities of these contracts. Our fees reflect the time that our doctor spends with each patient, the materials used as well as the overall quality of care and service that we provide in our practice. In order to maintain Arden Dental's level of excellence, **your estimated patient portion will be due at the time of treatment.** As a service to our patients, we will bill insurance companies for services and allow them 45 days to render payment. If a procedure is not covered for any reason by my insurance, I, the patient will make the payment of my balance in full.

Arden Dental PC charges for returned checks.

We require that you give our office 48 hours notice in the event that you need to reschedule your appointment. This allows for other patients to be scheduled into that appointment. A fee of \$45.00 will be charged to you; this fee cannot be billed to your insurance company and will be your direct responsibility.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

Date