

FINANCIAL AGREEMENT

Heidi A. Novack, D.D.S
6686 Joliet Road
Indian Head Park, IL. 60525
(708)784-0400
Fax: (708)783-1101

We greatly appreciate payment in full at the time services are rendered. Other payment arrangements must be approved prior to treatment.

INSURANCE

We will gladly file your insurance and assist you in receiving maximum benefits due to you. However, you must realize your insurance is a contract between you and your insurance company. Our services are rendered "for" and charged to "you". Dental insurances vary widely in the services that they cover and the fees they will pay for these services. We set our fees to be customary and reasonable for this region, but that is no guarantee your insurance will pay the charges in full. Therefore we require a deposit at the time of services. Once insurance has paid, you will be notified of any remaining balance, which is due to our office within 10 days. If you are due a refund, that will be sent directly to you.

I hereby authorize Heidi A. Novack, D.D.S to furnish information to my insurance company concerning my care. I further assign all payments for dental services rendered to me or my dependants by the above. I understand that I am fully responsible for any portion of these services that are not covered by my insurance benefits.

ACKNOWLEDGEMENT OF TERMS

Payment for services may be made by credit card, approved check, or cash. Returned checks will be issued a \$25.00 return fee. Balances older than 30 days will be subject to finance charges of 1.5% per month. All collection fees will be charged to your account in the event of nonpayment.

I have read, and understand its content, and agree to abide by the terms set forth in this document.

Patient Name _____ **Date**_____

Signature _____ **Relationship**_____