



THE DENTAL OFFICE OF
KATZ, DOLNICK, AND ASSOCIATES

241 GOLF MILL CENTER STE.718 NILES, IL 60714

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PAYMENT IS DUE AT TIME OF SERVICE

Payment Policy

Please read carefully and sign at the bottom of the page indicating your understanding and acceptance of our new policies and procedures.

Here at Drs. Katz and Dolnick, we provide quality dentistry for people of all ages. We focus on delivering preventive dentistry, and pride ourselves on our patient - centered practice. Dr. Katz and Dr. Dolnick will do everything possible to make dental visits pleasant for our patients. Our goal is to help our patients reach the highest level of oral health possible so they may enjoy the benefits of a functional, attractive smile. We utilize the latest means of dental technology available to care for our patients. In order to continue to do this we need your help.

As you have noticed, we have restyled our facility and now feel that we are current with modern day progression. Along with that, our office needs to become more current with the way we do business. Going forward as of January 1st 2014, **PAYMENT IS DUE AT THE TIME OF SERVICE UNLESS PAYMENT ARRANGEMENTS HAVE BEEN MADE AND APPROVED IN ADVANCE.**

If you have dental insurance, we will submit claims on your behalf. We will have you pay for any **deductibles and co-pays** required at the time of service.

You must realize that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not included in your contract.
2. Not all services are covered by all insurances policies. Some companies select certain services that they will not cover.
3. The "Usual and Customary Charges" that may be quoted by your insurance are charges that have been determined and set by your insurance. They do not reflect our fees.
4. While filing your insurance claims for our patients is a courtesy that was extended, **ALL CHARGES ARE YOUR RESPONSIBILILTY FROM THE DATE SERVICE IS RENDERED.**

We do realize that there are times that a temporary financial problem may affect your payment on your account. In that case, PLEASE, contact our office manager for assistance so that we may be able to set up payment options for you.

Signature _____ Date _____