

**OFFICE FINANCIAL AND INSURANCE POLICY**

Our fees are meant to be fair and reasonable. We strive to keep them that way. You assist in that effort when you pay for the treatment at the end of each appointment. Our office policy requires payment at the time of services for all treatment unless other arrangements have been made in advance.

Our receptionist can tell you the approximate fee for the treatment before your appointment and has accurate and up-to-date treatment and financial information. To make payments convenient for you we accept cash, personal and business checks, Visa, MasterCard and American Express.

If you have insurance our staff will help you to receive the maximum benefits available under your insurance. As a courtesy to our patients our office will process your insurance forms. It is important you understand that, in most cases, your insurance is designed to reduce your cost, not eliminate it completely. In accordance with your insurance company you may be responsible for any deductible or coinsurance. It is your responsibility to determine if Dr. Chila is a participating provider. You will owe for any charges not accepted by your insurance company. Please note pre-authorization estimates of insurance benefits are estimates only and can be changed or denied by your insurance company.

Checks returned by your bank are subject to a \$35.00 processing charge. Accounts unpaid after 30 days from the date of billing are subject to a finance charge at the rate of 1½ % per month @ 18% per annum). If your account is referred for collection, you will be responsible for the collection costs in the amount of 30% of the outstanding balance, together with court costs and reasonable attorney's fees.

Everyone has to cancel an appointment now and then. However, we'd like to request that 24 hours advance notice be given. That way, your time and your doctor's time can be more efficiently utilized. In order to discourage last minute cancellations our office policy requires that we charge \$75.00 after the second broken appointment occurrence with less than 24 hours' notice. This service charge must be paid before another appointment can be scheduled. (If you have a question about this policy or your account, please contact our receptionist in person or by phone. Many times a simple phone call or question will avert misunderstandings.)

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I have read, and understand the above statements. I have had ample opportunity to discuss any of this information with members of Dr. Chila's staff and I agree to their content.

Signature of patient, parent, or guardian	Date	Relationship to patient
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Signature of guarantor of payment / responsible party	Date	Relationship to patient
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