Anthony W, Gargiulo DDS, LTD.
Mark J. Gargiulo, DDS, LTD.
30 N. Michigan Avenue - Suite 1904, Chicago, IL 60602

(312)236-8514
Fax: (312)372-1743

Diplomats, American Board of Periodontology
Practice Limited to Periodontics

Financial Policy

Thank you for coming to us for your periodontal care. The following is a statement of our Financial Policy, You are required to read and sign this prior to treatment.

Payment on Initial Day of Examination:

All patients **WITH** Insurance are expected to pay 1/3 of the initial exam and consultation on day of service.
All patients **WITHOUT** Insurance are expected to pay for the initial exam and consultation on the day of service,

Regarding Insurance Assignment:

Most insurance plans will permit the direct assignment of your benefits to our office. We accept insurance assignment and your out-of-pocket expense at the time of treatment will only be what insurance does not cover. However, Insurance rarely covers 100% of dental treatment. **YOU ARE RESPONSIBLE FOR ANY FEES THAT INSURANCE DOES NOT COVER**, These can include:

Co-Payments (This is any portion of the service cost that is not covered by your insurance)

Yearly Deductibles (This is any unmet portion of your yearly deductible,)

Our office will make every effort to collect appropriate payment from your insurance company. However, if your insurance company fails to make payment within 120 days, the balance of your bill will become your responsibility.

We can submit upon your request a predetermination to your insurance company to obtain a closer figure of your cut-of-pocket expense but **ALL** insurance companies stipulate that predetermination is **NOT A GUARANTEE OF PAYMENT**. Any unpaid portion of your treatment not paid by your insurance company remains **your responsibility**. Your insurance coverage is a contract between you and your insurance company. We are only a third party, handling submission for you and we are NOT responsible for any dispute you may have with your carrier. We will supply any information your carrier may need in order to process your claim accordingly, but ultimately any unpaid balance of your account will remain your responsibility.

Regarding Insurance Plans Where We Are A Provider:

We are a participating provider in some insurance plans. In these plans, patients are expected to make their co-payments and deductible payments on the day the service is rendered.

Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients. Our fee schedule is at or below the usual and customary rates for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Payment for Service After the Initial Day of Examination:

Patients are expected to make their co-payments ant deductible payments immediately after service on the day of treatment. For your convenience we accept: **CASH**, **CHECKS**, **VISA**, **MASTERCARD**, **DISCOVER** and **AMERICAN EXPRESS**,

Missed appointments:

24 hours notice is required for all appointments. There is a cancellation fee for missed appointments where appropriate notice has not been given. This fee will be billed directly to the patient.

In Conclusion:

Thank you for reading the Financial Policy. If you have any questions regarding this or any part of treatment, do not hesitate to ask our staff. Please sign below attesting that you have read and understand the Financial Policy

X_____ _____

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY **DATE**