

# Financial Policy

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## Dear Valued Patient,

It is our policy to collect payment for treatment performed at the time of service. When you require treatment, we will provide you with the following options for payment.

1. Our office policy is that all Cleanings, Exams, Radiographs, and all services under \$300.00, are to be paid in full at the time of service. As a courtesy to our patients, we will file your insurance claim with your insurance carrier.

2. Pay in full in advance for all services over \$1,200.00. Since it requires less administration on our part, should you choose this option we will extend a 5% discount on the amount you pay in advance. In the case where you do have insurance coverage, we will file insurance for the portion of the fee that we estimate they will cover, and you will pay the estimated balance due in advance. Once payment from insurance has been received, if there is any balance remaining, it will be billed to you. If the payment from insurance results in a credit balance, this will be refunded to you.

3. Financing. Our office uses Unicorn Financial Services for financing to patients specifically for their dental treatment. This allows you to spread out the cost of your treatment over time with no interest charges. This also alleviates the need to collect at each appointment, allowing you to proceed with your treatment in a timely manner while making low monthly payments.

4. Automatic monthly credit card payments depending on the amount of treatment and approved by the financial coordinator.

Credit Card Number \_\_\_\_\_  
Visa - MasterCard – Discover

Expiration Date \_\_\_\_\_ V-Code \_\_\_\_\_

5. For procedures requiring 60 minutes or more, a 50% advance deposit will be required. The remaining balance will be paid upon arrival for the completion appointment.

We will provide you with a copy of any and all financial arrangements we make with you so that you have them to refer to in the future.

We strive to ensure you are informed of all of our policies and procedures up front, and to make all aspects of your experience with us comfortable for you as possible. We are happy to answer any questions you might have regarding such policies and procedures now or in the future as they arise.

I have read and I understand the above Patient Payment Policy and I have been provided with the answers to any questions I have at this time.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date