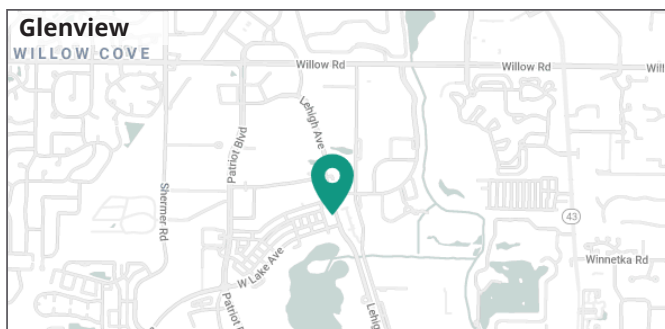
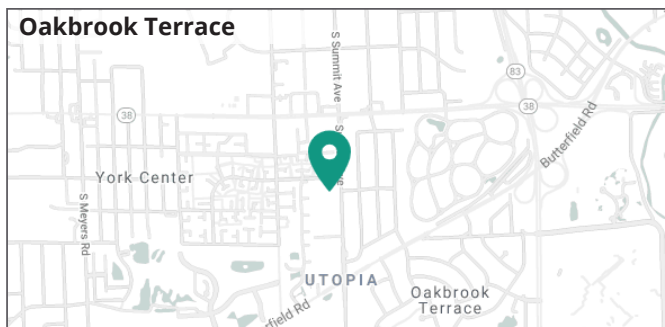




THIS NOTICE DESCRIBES THE OFFICE BILLING AND FINANCIAL POLICIES FOR PERIODONTAL MEDICINE & SURGICAL SPECIALISTS, LTD. PLEASE REVIEW IT CAREFULLY.



Our Oakbrook Terrace office building has its own adjoining parking lot for patient use.

Our Glenview office has a parking lot for patient use located on West Lake Ave across from the Metra station parking lot. The entrance to the Glenview office is located on the parking lot side of the building.

**PERSONALIZED • PREVENTATIVE •
PREDICTABLE • PROVEN.**

Our Goal: To provide sustainable oral health for a lifetime.



Oakbrook Terrace
1s224 Summit Ave
Suite #205
Oakbrook Terrace, IL 60181

Glenview
2300 Lehigh Ave
Suite #210
Glenview, IL 60026

www.periodontalmedicine.org

(630) 627-3930

Office Financial Policy and Procedures

THIS NOTICE DESCRIBES THE OFFICE BILLING AND FINANCIAL POLICIES FOR PERIODONTAL MEDICINE & SURGICAL SPECIALISTS, LTD. PLEASE REVIEW IT CAREFULLY.



Revised 2023

Financial Policies and Procedures

Revised 2023

TREATMENT FEES & SELF PAY ACCOUNTS

Fees for treatment are billed at the time of service. Our treatment coordinators will provide you with a personalized treatment plan which will outline the phases and associated costs. Payments for treatment rendered are due at the time of service.

Payment of custom appliances, surgical guides, biologics and/or implantable devices may be requested prior to your surgery so that they are available for you at the time of your treatment. Many items used in your surgery are specific for you and your anatomy and they cannot be transferred for use on another patient. Refunds will not be extended for custom supplies in the event treatment is delayed or canceled.

A deposit is required at the time of scheduling surgery. On the day of surgery, 50% of the fee is required. The remaining balance may be paid out interest-free by equal installments over the next two months. Treatment fees that exceed \$1,000 and which are paid in full at the time of treatment by cash, check, or credit card will be extended a 5% courtesy discount. Surgical supplies, regenerative materials, biologics, and custom appliances are not discounted. There is a 1% interest charge on any balance remaining after 60 days. For your convenience, we accept Visa, MasterCard, American Express, and Discover credit cards. If you require additional assistance or a customized payment plan, our office may provide you with a third-party service for alternative payment options.

On occasion, additional or alternative treatment is needed at the time of surgery when the regional anatomy is exposed and analyzed. We do our very best to diagnose and plan at the highest level so that there are no surprises at the time of surgery. However, even with the best technology and planning, certain deviations from the treatment plan may need to occur that are in the best interest of the patient and may require additional therapies such as bone grafting and/or connective tissue grafting. We will do our very best to discuss these potential deviations from the treatment plan prior to surgery but in the event

such a circumstance occurs, we will always make the best treatment decisions for your long-term health. Should additional treatment be needed above and beyond the agreed upon treatment plan for a particular surgery, the patient will be responsible for such additional treatment and corresponding supply fees.

INSURANCE NETWORKS AND CONTRACTS

We take care of our patients based on their treatment needs and **not** based on the limitations of dental insurance. There is a great deal of confusion about dental insurance. To be clear, we do not work for any insurance company or for any PPO or HMO. *We work for you.* Our treatment recommendations are based solely on what will give you the best outcome in consideration of your treatment goals and preferences. In general, a dental insurance company will base treatment allowances based on what is best for their profit margins.

With this in mind, **we are a fee for service office.** This means that we do not let an insurance company dictate when, where, or how we treat a patient. Fees for our services are the responsibility of the patient. However, we will do everything possible to maximize your insurance benefits including filing to your dental and medical insurance carriers. Their reimbursement to you is based on your plan that has been negotiated between your employer and the insurance company.

There are two methods commonly used by dental insurance companies to limit your reimbursement. The first is the payment schedule, which limits the amount covered for any particular procedure. Payment schedules are specific to the carrier, plan details, and employer selection of your plan.

The second, and most restricting, limitation to benefits is the yearly maximum payment the dental insurance company will reimburse. Regardless of the procedure coverage, most dental insurance companies will cap payment between \$1000 and \$2000 per calendar year. Therefore, if the insurance company's scheduled reimbursement for a \$3000 procedure was \$2400, they would still only pay up to their yearly maximum of \$2000.

While we are not directly involved with any insurance company, we will do all we can to help you derive the maximum benefit from your insurance plan.

PAYMENTS, INSURANCE AND DISCOUNTS

Payment is required in full for new patient consultations, dental/periodontal cleanings, and CBCT imaging, at the time of the service. Claim submission will still be provided as a courtesy to our patients.

For more extensive treatment, we can submit a pre-treatment estimate to your insurance company (when requested), to determine what reimbursement is available for anticipated services. After that treatment is completed, our office will then send in a final insurance claim for you.

Discounts applied to fees for treatment must be reflected to your insurance carrier. The total amount charged to you is the allowable amount for submission to your insurance provider.

As an out of network provider, payment will be requested to be assigned directly to you from your insurance company. Any benefit received by our practice on a settled account will be returned to your insurance carrier so that they may send payment to you directly.

For patients retaining a balance or payment arrangement with our office, payment received to our office from your plan benefit will reduce your responsibility of your payment arrangement.

In the event a patient who retains a balance receives payment from their insurance company, the patient shall immediately remit such amount to the practice.

Any delinquent balance over 60 days past due will be subject to a 1% per month finance charge and subject to any third party collection and/or attorney fees incurred in collecting the delinquent balance.