

# MILLENNIUM PERIODONTICS

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## FINANCIAL AGREEMENT

Thank you for choosing our practice for your treatment. We make every effort to keep our costs down for your periodontal care.

**INSURANCE ASSIGNMENT:** We accept insurance assignments and your out-of-pocket expense (what the insurance does not cover) at the time of treatment. Insurance rarely covers 100% of the periodontal/dental treatment and therefore, an estimate of the charges for any procedure or surgery to be performed can be given to you. You are responsible for ALL FEES that insurance does not cover. These can include the following: 1) Co-payments (portion of the service cost that is not covered by the insurance) 2) Yearly Deductible (any unmet portion of your yearly deductible).

We will make every effort to collect the appropriate payment from your insurance company. However if your insurance company fails to make payments within 60 days, the balance of your bill will become your responsibility. We can submit, upon request, a pre-determination to your insurance company to obtain a closer number of your out of pocket expense. However, all insurance companies stipulate that a pre-determination is NOT a GUARANTEE of PAYMENT. Any portion that is unpaid by the insurance, for any treatment and procedures, will remain your responsibility. Your insurance coverage is a contract between you and your insurance company. We serve only as a third party handling submission for you and we are NOT RESPONSIBLE for any dispute you may have with your insurance company.

**IF WE ARE PARTICIPATING PROVIDERS OF YOUR INSURANCE POLICY:** Patients are expected to make their co-payments and deductible payments on the day of service rendered. For your convenience we accept Cash, Visa, MasterCard, Discover, American Express and Checks. We also offer third party financing.

**MISSED APPOINTMENTS:** We request a **5 BUSINESS DAY NOTICE** to cancel any appointment. There is a cancellation fee of **\$250 per hour scheduled** with the doctor or hygienist for missed appointments where appropriate notice has not been given. The fee may be directly billed to the patient.

**NO GUARANTEE OF SERVICES:** I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. In most cases, the treatment should provide benefit in reducing the cause of my condition and should produce healing which will help me keep my teeth. Due to individual patient differences, however, a periodontist cannot predict certainty of success. There is a risk of failure, relapse, additional treatment, or even worsening of my present condition including the possible loss of certain teeth, despite the best of care. If additional treatment is necessary for the future, I understand that I will be responsible for the cost of treatment, separate from what my insurance policy may contribute to my out of pocket expenses.

**PPE FEE TO PATIENTS:** For all patient appointments, we are charging a \$35 PPE fee charged in addition to any co-insurance amounts due. Most insurance policies will accept this fee by review. We will be sure to send a claim for this charge to your insurance (if you have dental insurance). It is our way of ensuring that we keep you safe while in our office, along with our staff members safe during your appointment, and that we do all we can to stop the spread of the COVID - 19 virus. Without these extensive and PPE measures in our office, we would not be able to provide excellent care to you during your appointment.

Please remember that insurance is considered a method of reimbursing the patient for fees unpaid to the doctor and is not a substitute for payment. Some insurance companies may pay fixed allowances for certain procedures and others pay a percentage of the charge. It is your responsibility to pay and deductible amount, co-insurance or any other balance not paid for by your insurance carrier. You will be responsible for costs of collections, but not limited to reasonable attorney's fees and court costs.

We require that you maintain a valid credit card on file with our office. We understand your concerns with providing us with this confidential information but we assure you this information will be kept confidential in our PCI compliant secure database.

### Check one option:

- **OPTION 1:** I will receive two statements from Millennium Periodontics. If we do not receive payment from your insurance company, then we will charge the card on file, for the balance on your account, 15 days following my second statement and you may email/mail me a receipt.
- **OPTION 2:** I am SELF-PAY and will pay the full balance at the time of service.

Credit Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_ EXP: \_\_\_\_\_ CVV: \_\_\_\_\_

Thank you for understanding and reading the financial agreement. I certify that I understand and have read the above agreement.

\_\_\_\_\_

PATIENT PRINTED NAME

PATIENT SIGNATURE

Date