



AMBER DENTAL
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Dr. Koehne and his staff would like to welcome you to our practice. We thank you for choosing us for your Dental care.

We would like you to understand our financial policy. We would like you, the patient, or legal guardian to read the following information carefully and at the completion of this notice sign and date the attached Release form.

Upon your request, when you leave you will have a copy of this notice for your record along with any and all payment information transacted on your account for today's services.

Payment for services is due, in full, on the day of your procedures. We accept Cash, Checks, Care Credit, American Express, Discover, MasterCard and Visa. If you have no insurance all fees are due on the day of your procedures. If you have Dental insurance we are able to make further financial arrangements provided that you accept that all outstanding balances are due in full 30 Days after the date of service. There will be no exceptions.

If you have Dental insurance and can provide proof of current valid coverage, we will accept 20% of the total fees charged as a copayment/deductible for today's services. The expectation would be that your insurance or you would pay the outstanding balance within 30 days.

We will, on your behalf at no charge to you, submit claims to the primary and secondary Dental carrier that you provide to us. Please note that we need the current correct information to submit your claim. We require the correct address of the insurance carrier, guarantor information and in most instances the social security information of the guarantor and patient to submit the claim. We cannot be held responsible for the submission of your claim to the wrong party based on information given to us in error. Your Dental carrier will be billed the full amount of the charges of services provided today.

Please note that while we would expect some coverage from your insurance provider you are responsible for any and all charges billed to your account.

Your benefits are determined by the terms of the contract that is negotiated between the employer and the insurance company. There are instances where insurance carriers do not pay claims for numerous reasons stated within your policies. There are instances where your carriers may delay payment because of a review process causing delay in payment of your benefits. There are instances where your insurance carrier may request information of our office or from you the policyholder in order to determine benefits payable on your behalf. We will promptly respond to any and all insurance requests to ensure payment of your claim. We ask for your benefit that you do the same.

Please understand that you hold the policy for your Dental coverage. We have no relationship with your carrier other than the submission of your claim and any requested supporting documentation.

There are situations that the insurance carrier pays less than expected, very little or no benefit for the services provided. In these instances you are still responsible for any and all charges on your account.

Conversely there may be a situation that your insurance carrier may pay more than expected and as a result caused an over payment of your account. In this situation you will promptly receive a refund.

Without exception – Your account is due in full 30 days from the date of service. If your insurance carrier has not paid benefits on your behalf by this time it is your responsibility to pay the entire outstanding balance. Any payments made after your account has a zero balance will be promptly returned to you. **Please note a non-payment or delay in payment from your insurance carrier does not change our policy. You are responsible for the full payment of any outstanding balance on your account 30 days from the date of service.**

Remaining balances after 30 days will be subject to up to a 2% service charge on the outstanding balance. There will be no exceptions on these fees. This service charge is a minimal expense used to offset our administrative expense in collecting on outstanding balances.

If there is a remaining balance due after 90 days and you have not made arrangements to satisfy the unpaid balance or do not satisfy the arrangements made, we reserve the right to submit your account to a collection agency for collection.

In the event that your account is submitted to a collection agency for recovery of an outstanding balance, you the patient or guarantor will be responsible for any and all costs incurred in the collection of the outstanding balance in addition to the outstanding balance. The fees charged by the collection agency to recover on the delinquent account as well as any legal expenses (attorney fees and court costs) are separate from our fees and will be 28% of the balance collected. We reserve the right to seek any and all legal remedies to collect payment for services provided on your behalf or on behalf of your dependent.