



Welcome to the **DEN-CARE SMILE CENTER ...**

## **FINANCIAL POLICY ARRANGEMENT**

It is the personal responsibility of each patient to pay for any fees incurred at this office. To avoid any misunderstandings at the time of service, we would like our patients to be aware of our financial policy regarding **MANAGED CARE INSURANCE**.

## **MANAGED CARE INSURANCE PATIENTS**

Managed Care Insurance is a prepaid dental plan, for which our office receives a portion of your monthly pay check deduction per member or per family. This varies with each individual plan.

Many of the procedures under your plan are provided at no charge to you. For some procedures there will be an amount that will be your responsibility. This amount, known as **co-payment**, is the responsibility of the patient, parent, or guardian if patient is a minor.

As indicated in your plan, in order to make these plans cost effective to both the patient and the office, these **co-payment** amounts **must** be paid at each appointment that they are incurred. For major procedures the **co-payment** is required to be **paid in full** when the appointment is made. Failure to adhere to this policy will result in no further appointments being made.

Our office requires a 24 hour cancellation notice. As stated in your plan, there will be a charge for each missed appointment or cancellation made with less than the required amount of time. These charges will vary depending on your plan. No future appointments will be made or kept for any family member until that payment is received by our office.

We accept cash, Visa, MasterCard, Discover, Care Credit, American Express and personal checks.

### **G.R. Kozina, D.D.S. & Associates, Ltd.**

dencaresmilecenter@sbcglobal.net • www.dencaresmilecenter.com

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2127 Green Bay Road  
North Chicago, IL 60064  
(847) DEN-TIST - Fax (847) 689-3800

2213 N. Route 83  
Round Lake Beach, IL 60073  
(847) 201-SMILE