



Dr. Robert DiChristofano
Dr. Peter A. DiChristofano

7615 W. Montrose Ave.
Norridge, IL 60706
(708) 453-0777

Office Financial Policy

Welcome. Thank you for selecting our office. It is our intention to provide quality services for your dental health as thoroughly and efficiently as possible. Dental treatment is an excellent investment in an individual's medical and psychological well being. Financial considerations should not be an obstacle to obtaining this important health service. Being sensitive to the fact that different people have different needs in fulfilling their financial obligations, we are providing that following payment options.

All patients are required to select a financial arrangement option. Please check one.

- Cash or check at time of service
- Visa, Master Card, or Discover
- Care Credit

For non-insurance patients payment must be made within 30 days after treatment is completed, otherwise a finance charge will be applied to the related overdue balance.

For patients with dental insurance, we can accept assignment of benefits from many insurance companies. This will reduce your immediate out-of-pocket expenses. We do not accept benefits from HMO plans. We will process your insurance information but please remember the financial obligation to the office is your responsibility. Please be prepared to pay deductibles and copayments. We will allow 60 days for the insurance company to make payment and, after such time, the fees incurred become your responsibility . Payments must be made within 30 days after insurance payment for completed treatment otherwise a finance charge will be applied.

I certify that I have read and understand the above office financial policy.
If the patient is a minor this form must be signed by their financially responsible party.

Signature _____ Date _____