

John Minalt, D.D.S. and Associates
312 West Main Street
Barrington, IL 60010
847-381-5958

Financial Policy

We offer several flexible payment options:

1. **Payment in full** - We accept Cash, Checks, Credit Cards (MasterCard, Visa, Discover).
2. **Major Services – 2 payment option.** We offer a two-payment option for crowns, bridges and denture treatment. We ask for ½ of your payment on the first visit and the balance on your seat date appointment.
3. **Care Credit Finance Company** – We have a special arrangement with Care Credit for our patients, upon approval of an application.
4. **Patients With Dental Insurance** – As a courtesy to you, we will be happy to submit your claim to your insurance company. This service will help you maximize your dental benefits. The insurance relationship constitutes an agreement between the carrier and the patient. As such, we cannot make a guarantee of estimated coverage or payment. However, please know that we will do everything possible to see that you receive the full benefits of your policy.

You will be responsible for all dental charges that your insurance company has not paid, for whatever reason, within a 45 day period from when treatment begun. You will be expected to pay the total amount due.

Please note: Delta Dental patients are required to pay in full at the time of their appointment.

Non-Payment Procedures – In the event you fail to pay the balance within 30 days of the billing date, a finance charge of 1.5% per month shall be calculated upon the adjusted balance of your account, which shall be that portion of your account, which remains unpaid for 30 days.

If your balance becomes 90 days or more overdue, our office reserves the right to refuse appointments and send your account to an attorney for collection. In the event that your account is sent for collection, you will be responsible for all cost and fees, including reasonable attorney's fees, incurred.

I have read and understand the above financial policy for the office of Dr. Minalt & Associates.

Signature of Patient/Parent