



1532 East Lake Cook Rd
Wheeling, IL 60090
847-306-9336

Appointment Policy

- If you have All Kids Co-pay, it will apply to every visit.
- If you have Insurance Co-pay, it will apply to every visit.
- All **EMERGENCY** must be scheduled on weekdays **before 4 PM.**

- Please note that the time of your appointment was specifically reserved for you. If you are unable to make your appointment, at least 24-hour notice is required. Otherwise **\$50 fee will be assessed for broken appointments.** The possibility of a failed appointment is considered if 15 minutes late.
- We call as a courtesy to remind you of your appointment but it is **YOUR** responsibility to keep or change if needed.
- We reserve the right to terminate your dental work treatment if you miss more than two, or are chronically late to your appointments.

Additional charges

- There will also be an added service charge of **\$25** for handling any returned checks.
- **Past due** accounts will be submitted for **COLLECTIONS.** All costs incurred for the collection of past due accounts, including reasonable attorney's fees will be passed on to you.

Date _____

Signature of patient, parent or guardian _____

Patient Name _____