

EDMONDS & SHERMAN DENTAL  
1460 MARKET STREET, SUITE 203  
DES PLAINES, IL 60016  
847-827-5555  
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Effective January 2017

At Edmonds & Sherman Dental, appointments are made in advance by reserving the doctor's time to accommodate you and the treatment to be performed.

Additionally, our staff spends time meticulously preparing for each appointment by sterilizing, organizing, and arranging the appropriate instruments and material prior to your arrival. This insures the highest standard of dentistry of which we pride ourselves.

We therefore require **no less than 48 hours notice** prior to cancelling or rescheduling appointments. Patients that cancel or reschedule their appointments without proper notice will be assessed a \$50.00 per hour charge to offset lost time, effort, and materials that the staff has spent preparing for your appointment.

Any expenses incurred in the collection of your account, including attorney's fees will be your financial responsibility. Interest charges may be added to past due accounts. I authorize benefits to be assigned to the provider of service. I have reviewed the Privacy Policies and may request a copy. **I understand that estimated copays are provided as a courtesy. In the event that my dental insurance does not pay, it is I, the patient, who is ultimately responsible for all fees associated with services I receive at Edmonds & Sherman Dental.**

**\*\*\*UNLESS OTHERWISE ARRANGED IN ADVANCE, PAYMENT IS EXPECTED AT THE TIME OF SERVICE FOR FEES NOT COVERED BY INSURANCE.\*\*\***

We look forward to accomplishing all of your treatment needs in a comfortable and caring environment.

Thank you in advance for your cooperation.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ (if patient is a minor, parent must sign)