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OUR FINANCIAL AND CANCELLATION/RESCHEDULING POLICY

Thank you for choosing our office to provide you with superior dental care. We believe in making this a lifetime commitment.

The following is a statement of our financial policy, which we require that you read and sign before we begin treatment.

- All charges you incur are your responsibility, regardless of your insurance coverage.
- We ask that you pay your deductible and co-payment at the time of service.
- Payment Options
 1. Cash or Check
 2. MasterCard or Visa
 3. Payment Plan
- As a courtesy, we will work with your insurance company to get you the maximum dental benefit, but we will not enter into a dispute with your insurance company over any claim.
- We will start charging interest of 1 ½ % per month (18 % per annum) on accounts over 60 days.
- Short Notice Cancellation will be charged a fee. (Exceptions: Medical Emergencies)

We welcome any questions you may have concerning your dental care and/or our financial/cancellation policy.

I have read, understand and agree to the above terms and conditions.

Patient Name

Patient/Guardian Signature

Date