



Cavanaugh Orthodontic Care

391 West Weaver Road

Forsyth, IL 62535

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Payment for exams and records are due at the time of service. We accept cash, check, Visa, MasterCard, and Discover. All NSF checks returned to the office will be assessed a \$35.00 fee.

You are responsible for any balance on your account. Accounts that are over 60 days past due will be charged a late fee of \$25.00 per month. For patients in active treatment whose accounts are 60 days past due, active treatment will be suspended until the account is made current. If treatment is suspended, patients will be seen for maintenance appointments only. If you are not able to make your scheduled payment, please call the office to make other payment arrangements. We will make every attempt to accommodate your situation. **Unless prior arrangements to the contrary have been made it will be necessary for any account to be paid in full prior to the removal of any appliances.**

In the event your account is past due and no arrangements have been made with our office, it may be turned over to a collection agency or an attorney. In the event the account is not paid in full and this account is turned over to a collection agency or an attorney, then you agree to be responsible for all reasonable fees necessary for the collection of the delinquent account including, but not limited to, collection agency fees up to 50% of the balance due and costs and reasonable attorney's fees.

In cases of divorce, it is the responsibility of the parent that brings the patient to the office to obtain the appropriate insurance forms, signed contracts, and pertinent information from the other parent. We consider the parent that brings the child in to be the responsible party for the account. We will bill the other parent, but if they do not respond to the statements or contracts that have been mailed, it will be the first parent's responsibility to follow up on the account unless we have something in writing that states the other parent is the responsible party.

It is your responsibility to provide the office with accurate insurance information and to know what your insurance coverage is. Please keep in mind that our professional services are rendered to you and not your insurance company. Should we be notified the insurance information is incorrect, we will provide you with copies of the information to submit to your insurance provider directly.

Patient Name

Parent or Responsible Party

Date