



CENTER FOR DENTISTRY  
HOBSON PLAZA

Carl E. Henley, DDS, FAGD  
and Associates

To Our Valued Patients:

We appreciate the trust you have placed in us by choosing our office to meet your dental needs. We promise to do our best to live up to that trust.

For after hour emergencies, we have a 24 hour answering service. Your call will be returned as soon as possible. If you need to cancel or change an appointment we require at least 24 hours' notice.

Please keep us updated to any changes in your medial history, as well as any other changes to your account such as address and phone numbers.

The following is an outline of our office policies:

1. Payment for services is required at time of scheduling. If you have insurance we will gladly process your treatments through your insurance company. If there is a patient portion we require payment when scheduling. We accept cash, check, Visa, Mastercard, Discover, American Express, CareCredit, and Springstone.
2. A \$25 service charge will be applied for any bounced check.
3. A fee of \$75 will be charged to patients who give less than 24 hours' notice for appointment changes or cancellations. A fee of \$100 will be charged to patients who fail to show up for a scheduled appointment.

I understand that I am responsible for the balance on the account after insurance payment. Should I default in this obligation, the creditors may without notice take such steps as provided by law to secure the unpaid balance of my account and any attorney's fees, court costs, and/or collection expenses.

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GUARANTOR'S SIGNATURE

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DATE

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