



**Integrity Dental**  
Yingchun Zhu DDS, MS

276 S Weber Rd, Unit D  
Bolingbrook, IL 60490  
Tel: 630-312-8280

## Office Policy Disclosure & Consents

### Missed Appointment Fee:

- \* I agree to pay \$50.00 Fee to Integrity Dental for failing to keep or cancel an appointment without notification of 24hrs before the schedule appointment

### Insurance, Payment and Fee:

- \* I agree to pay any co-payments and deductible (if apply) at the time of service.
- \* I agree to notify the office of any changes in my insurance status prior to service being rendered.
- \* I agree to be financially responsible for my balance if my insurance company does not make payments.

### Changes to Treatment Plans

- \* Treatment plans are estimates only. Dental conditions may be worse than they appear in the exams and x-rays. Treatment recommended needs to get completed. Fillings may be deep enough to require root canal treatment and or large enough to require a crown. Sealants may become fillings. Filling may become sensitive after a few weeks or months which may require further work such as root canal or crown or treatment by a specialist.
- \* I agree to be financially responsible for all fees the insurance does not pay ,resulting from a change in my treatment plan.

### Privacy Policy:

- \* Integrity Dental is HIPPA compliance.

### Informed Consent for Pediatric Dentistry

- \* I agree for my child to be examined by Dr. Yingchun Zhu
- \* I understand that this service may include a dental examination, X-rays and other diagnostic materials that may be needed for providing dental care.
- \* I understand that these services can and may include, but not limited to prophylaxis (cleaning teeth), fluoride, sealants, and fillings.

I am the person with legal authority to consent to treatment and billing regarding these patients and I understand the previous terms and conditions, and agree to bind by them.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_