

EVERSMILES PEDIATRIC DENTISTRY, PLLC

POLICY FOR PAYMENT OF SERVICES

In an effort to avoid misunderstandings regarding your financial obligation to us, we wish to clearly explain our payment policy. If you have any questions regarding this policy or your payment obligation to us, please let us know.

Payment is due, in full, upon receipt of our statement. We typically do not send statements until the claim has processed through any available and active dental insurance and we have received a response from them.

We do NOT check on insurance coverage/benefits for each patient. If you have questions about what your insurance coverage is, please contact your insurance directly. Any non-covered services will be billed to the responsible party. Any remaining balance after insurance payment/qualifying in-network write-off is billed to responsible party. It is your responsibility to be informed of your insurance coverage and benefits.

For Routine preventative visits:

If dental coverage is available, we will send a claim for services rendered, typically by the end of the business day of the appointment. Any balance remaining after insurance response will be billed to the responsible party.

We will require account balances to be clear before your child's next routine examination and cleaning.

For in-office treatment visits or extensive treatment care visits:

For all treatment plans over \$500.00 an estimate will be sent. A signed financial agreement will need to be returned prior to treatment.

For those without dental insurance, a down payment of 1/2 of the total cost is due before treatment begins. The remaining balance can be paid in 3 equal monthly payments following the completion of your treatment with no interest charged.

For those with dental insurance, a pre-treatment estimate will be submitted to your dental insurance carrier. A down payment of 1/2 of the patient portion is due before treatment begins. Any remaining balance after insurance pays can be paid in 3 equal monthly payments following the completion of your treatment with no interest charged.

We will require account balances to be clear before your child's next routine examination and cleaning.

For All Patients:

Patients who pay the total fee in cash at or before the first treatment appointment will receive a 5% discount. If you have dental insurance any insurance forms will be submitted for you. Once insurance pays any overpayment would be returned to the responsible party.

We will require account balances to be clear before your child's next routine examination and cleaning.

The following are acceptable methods of payment available to all patients:

- A. Cash or check (5% courtesy discount if paid in full at time of appointment)
- B. Credit Card (VISA or MasterCard) (3% courtesy discount if paid in full at time of appointment)
- C. Three month in-house interest free payment plans for treatment over \$500.00. Balances guaranteed to a major credit card.
- D. We also accept CareCredit

I hereby acknowledge that I have read and understand this Policy.

Patient's Legal Name: _____ Patient's DOB: _____

Print Name (Parent/Legal Guardian): _____ Date: _____

Signed Name (Parent/Legal Guardian): _____ Date: _____