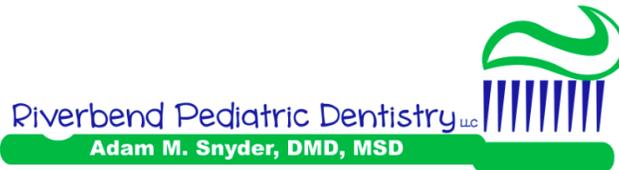


705 Kansas Street • Bethalto, IL 62010 • Telephone: (618) 596-3725

Payment Policy

Please familiarize yourself with the information that follows. If you have any questions, please feel free to ask one of our business office staff.

- ◆ Please be aware that the parent bringing the child to our office is legally responsible for payment of all charges. We cannot send statements to other persons.
- ◆ We accept personal check, MasterCard, Visa or Discover. We also offer Care Credit as an option to finance your child's dental care.
- ◆ Payments required for appointments are as follows:
 - ◆ Patients without dental insurance coverage are expected to pay for services provided at the time that services are rendered.
 - ◆ For patient's with dental insurance the following payment policies apply:
 - New Patient Exams/Periodic Recall Exams: no payment is due at the time of the appointment. We will submit the claim for treatment provided to your dental insurance provider. After payment has been made on the claim, you are responsible for payment of the remaining account balance to keep the account in good standing.
 - Fillings and Extractions: a payment of 25% is due on the date of the appointment when services are provided. We will submit the claim for treatment provided to your dental insurance provider.
 - Stainless Steel Crowns & Pulpotomies: a payment of 50% of the treatment total is due on the date of the appointment when services are provided. We will submit the claim for treatment provided to your dental insurance provider.
 - Appliances: The cost of the appliance must be paid on the day your child's impressions are taken. This is necessary because our office must pay the lab bills when appliances are ordered, not when they are completed.
 - After the insurance company has made payment on the claim, you are responsible for payment of the remaining account balance to keep the account in good standing. Accounts that are not paid in a timely manner will be switched to a "cash payment only status" and will require full payment at the time that services are provided.



◆ Please understand that financial arrangements are made directly with you. For the convenience of our patients, the following alternatives are listed as a guide for possible financial arrangements:

1. **Dental Insurance:** There is no direct relationship between our office and your insurance company. The type of plan chosen by you and/or your employer determines your insurance benefits. As such, we have no say in the selection of your insurance company, we have no control over the terms of your contract, the method of reimbursement or the determination of your insurance benefits. With your consent, we will accept assignment of benefits from your dental insurance provider so that they will submit payment directly to our office.

Pre-treatment Authorization: Some insurance companies recommend an estimate of the work to be done and the fees to be charged before determining their benefits to you. If so, we will provide you with the pre-treatment fee estimate. In this case, it will be up to you to determine if you wish to proceed with treatment before the insurance benefit is determined.

2. Payment is expected within 45 days of the date that dental services are provided. If your account has not been paid in full in 60 days, we reserve the right to refer your account to a collection agency. They, in turn, will report your past due status to a Credit Reporting Agency. Any fees incurred by Riverbend Pediatric Dentistry for Attorney or Court cost will be your responsibility.
3. **Emergency treatment:** All emergency treatment must be paid in full at the time the service is rendered.

If given your consent, we will accept assignment of benefits from your office, but please remember, even if you have insurance coverage, **you are responsible for payment of your account**. Please realize that your insurance coverage is a relationship between you, the insured patient, and your insurance company. Your understanding and cooperation with this matter is greatly appreciated.

Thank you!