

Smile Today Dental

designer smiles for active lifestyles



Payment Options for Our Patients

Name: _____ Date: _____

We believe it is important not only to provide the highest dental care, but to make this care affordable for our patients. Please ask us any question you may have. We are glad to be of assistance. We have made arrangements for our patients which allow payment to be convenient and flexible. We are committed to helping you receive the dental care you desire and the most pleasant dental experience possible. We offer several different payment options. Please take your time and review the options below then select the one that is the most financially comfortable for you.

Payment in full at visit with cash, check, or credit card (Visa, Master Card, Discover, American Express).

For amounts over \$500, we offer a **5% courtesy** for payment in full when you receive treatment.

Estimated co-payment at visit with cash, check, or credit card (Visa, Master Card, Discover, American Express).

We will gladly work with your insurance to obtain an accurate benefit verification. However, due to contract restrictions and plan limitations this is not a guarantee of payment nor coverage at the time of service. We work with most major insurance companies and process your claims for you.

Qualified Interest-free payment Plan

We offer our patients a three-month payment plan option for amounts over \$300.00, a six-month for amounts over \$700, and a twelve-month for amounts over \$1000.00. This option is special since there is no money required on the initial visit and it's interest free. Your first payment is not due for 30 days. We will gladly process any insurance claim for your direct reimbursement. If you are interested in this option please ask the receptionist for the paperwork.

Monthly payment: \$ _____ 3 months 6 months 12 months

Pre-authorized payment(s) on credit card.

Note to patients with insurance:

We will gladly process and follow up any insurance claim for you at no charge. We, of course, will provide any information necessary for processing. Occasionally a claim may get denied in which case we urge you to contact the insurance on your behalf and appeal that claim. We have found this to be the surest way to possibly have their decision reverted in your favor. Please keep in mind that any estimate that we provide to you is only an estimate and that you are responsible for all fees in their entirety. Our fees reflect the time that the doctor spends with each patient as well as the overall quality of care and service that we provide in our practice. You are fortunate to have dental insurance that may help you with the payment of your treatment. In the event that an overpayment is made we will mail you a refund within 30 days.

Signature (patient or parent if minor)

Date

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