



**Michael G. Peske, D.D.S.**  
Specialist in Pediatric Dentistry  
630-983-9800

### **Payment for Service**

Payment is due in full at each appointment for the service provided for your child. We accept Visa, MasterCard, Discover, cash and personal checks. As a courtesy to our patients with dental insurance, we electronically submit insurance claims. Payment is due at the time of service for all estimated portions of charges, deductible, co-pay amounts, and non-covered services. In order to provide that convenience to you, it will be necessary for us to have your insurance information prior to your child's first visit. If your insurance company has not paid within 45 days of submittal, your balance is due in full.

We realize that many families are in a state of change, and sometimes the question of who is responsible for the children's dental bill is uncertain. Ultimately, the parent who request dental services and accompanies the child to the office is responsible for the fees incurred.

A statement of services rendered will be mailed at the end of each month. Receipt of payment is expected within 30 days from the time of service for any outstanding balance. Your account will be considered delinquent if payment is not received within 60 days from the time of service; a late fee of 1.5% per month will be assessed and will appear on any subsequent statements.

### **Insurance Coverage**

Dental insurance is a benefit provided for you by your employer. NO insurance is meant to pay for 100% of the expenses you will incur. Your dental benefits are NOT determined by our office. Your deductible and co-payments are also determined by your insurance company. We are more than happy to:

- Submit your dental claims to your insurance company

- Help you maximize the coverage offered by your insurance company

- Provided we have all of the contact information for your carrier more than two days in advance, we will accept assignment of benefit.

If you are unable to provide the insurance information prior to your child's visit, we will request payment in full and will electronically submit your insurance claim to your carrier for reimbursement directly to you.

### **Other considerations**

We request that you provide two days (48 hour) notice if you must change your child's appointment time caused by any event other than illness. We are unable to provide that appointment time for another child who is waiting to see Dr. Peske if we are not aware of your rescheduling needs. A fee of \$35.00 will be charged to your account for each appointment cancelled without 2 days (48 hours) notice.

Any check that is returned NSF will be automatically resubmitted. The bank fee of \$35.00 will be passed on to your patient account. If, after resubmitting the check to the bank a second time it still does not clear, we will be unable to accept further payments by check in the future.

Accounts that become delinquent will be forwarded to our collection agency and collection fees will be added to your account. If the balance is deemed uncorrectable by the collection agency after 30 days, a report will be filed with the national credit reporting agencies, which will adversely affect your credit rating.

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:Signature:

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Date: