

**J. David Cross, D.D.S**

**Practice Limited to Periodontics  
Esthetic Periodontal and Implant Microsurgery**

**2904 Greenbriar Dr.  
Springfield, Illinois 62704  
217.793.0196**

**Treatment Plan Insurance and Financial Agreement**

Thank you for choosing us as your periodontal and dental implant health care provider. We are committed to base our treatment recommendations on dental health needs, not on any insurance policy.

We ask your assistance in making your initial examination and subsequent treatment in our office as pleasant as possible. Please provide us with your complete dental insurance information. We will submit all completed treatment to your insurance carrier to assist you in obtaining your benefits. Your insurance carrier will be informed to reimburse you directly.

**The total cost of treatment is due the day of your appointment, regardless of insurance coverage.** We offer three methods of payment:

1. Cash or check
2. Credit or Debit card (Visa, Mastercard, Discover)
3. CareCredit-a third party financial institution.
- 4. A 5% discount will be given for paying in ADVANCE for treatment other than the initial exam. The amount must be paid in full 2 WEEKS PRIOR to the appointment date with cash or check.**

In the event your account is past due, it may be turned over to a collection agency. If collection proceedings become necessary, you will be responsible for any collection costs and/or attorney fees.

**Dental Insurance Information (Please present card if available):**

Policy Holder Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Employer: \_\_\_\_\_ Insurance Company: \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_

In signing this Financial Agreement, I attest that I understand and accept its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### **Consultation and Examination Appointment**

Your first appointment will consist of a comprehensive examination. A recent (within 1 year) complete mouth set of x-rays is necessary to determine an accurate diagnosis. If your general dentist has taken these x-rays, please have them forwarded to our office. **The following is a breakdown of the fees due at your first appointment. Not all appointments will require every service listed below.**

Examination: \$130.00

Individual x-rays: \$25.00 each

Complete mouth x-rays: \$120.00

CT Scan: \$225.00