



Financial Policy

Thank you for choosing our office for your endodontic needs. We realize that every person's financial situation is different. The following information is provided to avoid any misunderstanding or confusion concerning payment for professional services. To maintain the practice operations, we ask patients to accept and adhere to the following financial arrangements regarding their dental treatment. Our practice firmly believes that a good doctor/patient relationship is based upon open communication. Please contact our office at any time with any questions. We try to make every effort available to you to clarify any questions you have concerning your payment. We hope to possibly avoid any misunderstanding over payment for professional services. We have worked hard to provide a variety of payment options to help you receive the dental care you need and deserve, allowing you to enjoy a healthy, beautiful smile with respect to your budget. Dental treatment is an excellent investment in an individual's medical and psychological care. We are always available to answer your questions or assist you in any way we can.

- Prompt payment allows us to control costs. Outstanding accounts cost both of us time and money; therefore, all patients will be required to establish financial arrangements for payment of their account on the day of treatment.
- Our office is a "Fee for Service Practice". You are expected to pay your portion of the fee the day treatment is rendered.
- It should be mentioned that your insurance coverage is an agreement between you and your insurer. It is your responsibility to remit payment for charges not covered by your claim and insure your carrier remits payment. If a problem occurs with your claim, you will be required to establish written financial arrangements with our practice until your insurance problem is resolved.
- All patients refusing to remit payment after 61 days of notice without pending insurance or financial arrangement will force us to limit your future credit until the previous balance is paid in full or written financial arrangements are accomplished. All patients will be required to sign a written legal agreement with our practice before treatment is initiated.

Optional Payment Terms:

1. Insurance Billing: We will file your insurance claim, which will be paid to our office. The patient is responsible to pay his/her portion of the treatment the day of care. You may pay with cash, check or credit card. Your portion will be determined and explained to you prior to having any treatment initiated.
2. Care Credit Option: We offer our patients, upon approval, an interest-free term loan (up to 12 months) with no down payment, no annual fee, and no prepayment penalty. Please ask for an application.

After Hours/Weekend Emergencies: In the event of an emergency after regular business hours a \$95 emergency fee will be charged in addition to the necessary treatment fees.

For patients having dental insurance coverage, assistance will be provided in completing and processing any necessary forms for reimbursement, but the ultimate responsibility for payment for services rendered will rest with the patient or guardian. Delinquent accounts will be notified after 30 days. After 60 days of nonpayment, accounts will be turned over to a collection agency.

Lastly, we do not accept American Express or Discover credit cards.