



Financial Policies

Our commitment is to provide you with the highest quality of endodontic treatment in a professional manner and with exceptional compassion. We will do everything possible to achieve this goal. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

Patients with Dental Insurance

We are pleased that you have dental insurance. As a courtesy to you, we will file your insurance for you. However, your insurance contract is between you, your employer, and the insurance company. **We require a down payment of \$200 for each treatment rendered for in-network insurance and \$300 for out-of-network (depending on the policy details).** As the patient, you are responsible for the full payment regardless of insurance involvement.

Patients Without Dental Insurance

Full payment is due at the time of service.

Methods of Payment

1. Cash, check, or credit card (MasterCard, Visa, American Express or Discover)
2. Dental Insurance (described above)
3. CareCredit

Related Information

1. There will be a consultation charge. Our fee for consultation is \$100.
2. **Our treatment fee does not include the cost of a permanent restoration,** which is most often completed by your own general dentist after your root canal has been completed.
3. All fees (or patient portions for those with insurance) are payable at the time of treatment.
4. Returned checks will be assessed a fee of \$50. All future payments will need to be paid by cash or with a credit card.

I have read and understand the above information. I understand I am responsible (regardless of insurance) for any charges incurred from services rendered.

Name (please print) _____

Signature _____ Date _____