

PATIENT \_\_\_\_\_

DATE \_\_\_\_\_

**ENDODONTIC ASSOCIATES, LTD.**

**FINANCIAL AGREEMENT**

The primary objective of this office is to provide you with the best quality dental care available. This document serves as an agreement between Endodontic Associates LTD, and you, the patient/legal guardian. Our objective is to provide comprehensive information in order to alleviate any misunderstandings with regard to our financial agreements.

**Private Pay Patients** – You are responsible for full payment of consultation and treatment fees at the time of service.

Our office accepts : Cash, Personal Check, Debit card, Visa, Mastercard and Discover. We also participate with CARE CREDIT Financial .

**Insurance Patients** – Our office will attempt to estimate your assigned co-pay. Your co-pay is required to be paid at the completion of your treatment. If an estimate cannot be obtained, we will require a **\$375.00 down-payment**. The estimate provided by this office is to be considered a guideline until the final insurance payment is received and the patient's account has been reconciled. If only a consultation is necessary, we may require payment regardless of insurance involvement. Any overpayment of co-pay will be refunded to the patient by our office.

Your estimated co-payment will be determined after the initial examination with your doctor.

All fees and estimated insurance co-payments will be determined after the initial examination with your doctor.

There will be a **\$30 fee assessed for any form of returned payment**, such as stop payments on credit cards and/or checks, "non-sufficient funds" check returns, and/or returned payment arrangements.

We ask your consideration if you are unable to keep a scheduled appointment. Appointments canceled or broken with less than 24 hours' notice will be subject to an additional fee of \$75.00, which is not billable to your insurance company.

**Additional procedures may be required in conjunction with your basic root canal treatment. Such procedures are necessary to address more complicated situations found within your tooth which may not be apparent on initial examination or images. These adjunctive procedures will incur an additional fee which will be explained at the time of treatment.**

**In some cases your tooth may prove to be inoperable or non-restorable and your insurance may not cover the time spent in determining this. The maximum fee for this procedure is \$375.00.**

**Our fee does not include the permanent filling or crown to be completed by your own dentist after completion of endodontic treatment.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Endodontic Associates Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_