

ENDODONTICS ASSOCIATES

FINANCIAL POLICY AND RELEASE OF BENEFITS

We are committed to providing you with the best possible care, and are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Feel free to ask about our fees, financial policy or your responsibility.

REGARDING INSURANCE

We participate with **United Concordia, Delta Dental, Capital Blue Cross Dental and UPMC Advantage**. **We do not participate with any medicare plans within these groups**. Copayments are due at the time treatment is rendered. We do our best to calculate your copayment as accurately as possible; however, differences can occur which may result in us sending either a bill for additional monies due or a refund if we receive a higher payment from your insurance. It is ultimately your responsibility to understand the extent and limits of your coverage. We cannot enter into disputes between you and your insurance company regarding copayments, deductibles, etc.

NO INSURANCE OR NON-PARTICIPATING INSURANCE

Full fee is due at the time treatment is rendered. If we do not participate with your insurance, as a courtesy we will file your claim for you to your dental insurance company; however, you must make sure to provide us with accurate information for the correct and timely filing of the claim (i.e. correct claim address, correct ID#s, etc.). If incorrect information is given it will result in the delay of reimbursement from your insurance.

*******We offer a payment discount to those patients who have no dental insurance or an insurance with which we do not participate and are responsible for the full cost of the treatment. A 5% discount is given with check or cash or a 3% discount is given with a credit or debit card. *****Discount applies only to Root Canal Therapy, Retreatment Therapy or Apicoectomy*****

We do participate with the **Carecredit** payment card, but it may only be used for amounts of \$300 or more.

APPOINTMENTS

Patients who cannot make their scheduled appointments are expected to give 24-hour notice. Broken appointments gives Endodontics Associates the right to dismiss patients from the practice.

RELEASE AND ASSIGNMENT OF BENEFITS

I hereby authorize ENDODONTICS ASSOCIATES to release to the insurance company or its representative any information including diagnosis and records of any treatment or examination rendered to me.

Signature: _____

I HAVE READ AND UNDERSTAND THIS FINANCIAL POLICY AND AGREE TO BE FINANCIALLY RESPONSIBLE (PAYMENTS AND/OR COPAYMENTS) FOR ANY SERVICES RENDERED.

Print Name: _____

Signature: _____ Date: _____