



## PAYMENT OPTIONS AND CONSENT

Thank you for selecting our office for your endodontic services. We are committed to providing the highest quality care in a relaxed atmosphere of consideration, concern, compassion, and comfort. Modern science has advanced the technology of endodontics to the point where procedures are typically comfortable. The goal of our specially trained staff is to provide a treatment experience that is marked by outstanding service, the highest quality of care, and comfort. In most cases, advances in endodontic technology employed in our office, now enable us to complete your treatment in one visit. This minimizes costly time you would have to spend away from work and eliminates the need for multiple times of being “numbed”. Our fee for endodontic therapy is determined by the complexity of the tooth being treated. We maintain our fees at the lowest level possible that still affords the highest quality of care to which we are dedicated and you are entitled. We recognize that the fee for endodontic treatment can be a burden on the finances of some of our patients. Therefore, for your convenience we offer numerous payment options.

**All co-pays and fees are due on the day of treatment!**

Please mark an **X** in the appropriate box indicating your payment selection:

- Cash, Check, or Credit Card (Visa, MasterCard, Discover and American Express).** We offer a 15% discount for paying in full when treatment is started. This option excludes UNITED CONCORDIA, GUARDIAN, METLIFE and DELTA patients due to contractual agreements.
- 1/3 down with two monthly pre-authorized credit card payments.**  
 Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ V Code \_\_\_\_\_  
 1<sup>st</sup> pre-authorized date: \_\_\_\_\_ 2nd pre-authorized date: \_\_\_\_\_
- Interest-free payment plan** for qualified applicants (6 months “same as cash” with payments) – YES! We have a plan with no money down and no interest. A simple form will get you started. To reduce your dental costs, we have someone else do our billing. You’ll find them both knowledgeable and helpful. They will also need to check your credit history.
- Assignment of Insurance benefits.** If you do not desire to take advantage of the discount offered for payment at time of services, and your insurance company allows assignment of benefits, we will accept assignment of your insurance benefit to us for payment. You will be responsible at the time of service for any co-insurance charges and deductibles. These charges are based on **estimates** provided by your insurance company. We cannot guarantee what your insurance coverage will be. If after we receive your insurance company's payment, you have a credit, we will promptly refund the difference to you. If a balance is due, you will be billed for the balance.

I understand that payment is due at the time service is begun.

I understand that any claims not paid by my insurance company after 45 days become my sole responsibility.

I understand that delinquent accounts (accounts with an unpaid balance after 90 days) are turned over for legal action and collection activity. If my account becomes delinquent and is placed with a collection agency or an attorney for collection, all discounts, reduced fees and/or courtesies are rescinded. I understand that I will be required to pay collection fees of thirty three and one-third percent (33.3%) of the unpaid balance, plus all court costs.

I understand that a fee of \$25 per returned check will be charged.

I understand that all paper forms, consents and authorizations in this office are scanned (digitized) then saved in my electronic patient record. The original documents are given to me, the patient, for safekeeping or destroyed if I do not ask to keep them for myself. I permit a printout of the digitized document to be used in place of the original paper document.

I have read and fully understand the above statements. All my questions pertaining to these statements have been answered.

Patient Name (Printed)

Patient Signature (Parent or Guardian if patient is a minor)

Date