



E N D O D O N T I C A S S O C I A T E S

FINANCIAL AGREEMENT

At Endodontic Associates, we make every effort to provide our patients with the best endodontic care combined with the most convenient financial options. The type of treatment we recommend is based on our professional assessment, and not on whether you are covered by a dental benefit plan. This document serves as an agreement between Endodontic Associates, and you, the patient/legal guardian.

Patient Financial Liability

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

Insurance Patients – We are currently contracted providers for Delta Dental, MetLife, Cigna, Aetna and Dental Health Alliance. We will assist patients with filing claims, follow-ups, lost claims, etc. Acceptance of insurance assignments by this office does not absolve patients of full responsibility of charges for the treatment rendered. Patient's estimated co-pay is due at the time of service. Please understand this is only an **estimate** and the dental benefit provider is not bound by the information they provide us over the phone. 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. Any balances after insurance payment(s) is due in full and a statement will be sent to the mailing address on file. If only a consultation is necessary, we may require payment in full regardless of insurance involvement.

Collections Agreement

I understand that any unpaid balance will accrue finance charges and may be sent to a third-party collection agency.

Returned Credit Card, NSF Checks and Broken Appointments

There will be a \$25 fee assessed for any form of returned payment, such as stop payments on credit cards and/or checks, and "non-sufficient funds" check returns.

We ask your consideration in calling if you are unable to make an appointment. If an appointment is broken with less than a 24 hour notice we may ask for a deposit before re-appointing.

Please remember, you are ultimately responsible for all fees incurred for the services that you receive at Endodontic Associates. We will assist you in every way possible. No question is too small for you to ask, whether it is about your treatment, dental benefit plan, or statement. We are here to help you.

Print Patient's Name _____

Signature _____ **Date** _____