

Office Financial Policy

If we **only** provide Endodontic Evaluation (Limited Evaluation, Consultation):

This consists of an examination and testing, discussing the likelihood of maintaining the tooth and treatment options available to you. Payment is due at the time of service. Please bring your insurance information with you, so that we can gather your benefit information and give you an estimated out-of-pocket balance. Payment in full is due at time of dental appointment.

If we provide Treatment:

Those without dental insurance: Payment in full is due at time of dental treatment.

Those with dental insurance: We will "ESTIMATE" the portion your insurance is going to pay. Since this varies for each individual, usually 10 - 75% of the cost of the procedure is required at the time of service, which we will be collecting before taking you back into the operatory for treatment. We will bill your insurance for you. *Please keep in mind however, insurance companies routinely indicate that coverage verification does not guarantee payment.*

□ If your insurance pays **more** than the estimated amount, a refund check from this office will be mailed within 1 month from the date payment is received in this office. We usually batch them at the end of the month.

□ If your insurance pays **less** than the estimated amount, you will receive a statement from this office. We usually do not send monthly statements so prompt attention is greatly appreciated! Past due accounts not paid within 30 days from your statement will incur a \$20.00 weekly late fee for each week the bill remains unpaid.

NOTE: *If your insurance company does not reimburse us after 2 submissions, you will be responsible for the remainder of the balance since we were unable to collect from them.*