

Financial Arrangements and Dental Insurance

Our practice philosophy is based on quality service for our patients and we are committed to providing the highest quality of endodontic treatment. It is important to our professional relationship that you have a clear understanding of our Financial Policy, Fees, and Insurance. We are available at any time to discuss your proposed treatment and answer any questions.

Dental insurance is a highly complex area that creates confusion for dental patients. The complexities of dental insurance and the lack of sufficient information make it almost impossible for some patients to properly understand what their employer and the insurance company has negotiated for your benefit package and stipulations. It is a contract between your employer and the insurance company. **North Fulton Endodontics is not involved in the agreement terms of your policy.** However our office will submit your claim to assist you in achieving the maximum reimbursement to which you are entitled. It is the patient's responsibility to contact their individual insurance carrier in order to discuss and understand the extent and limitations of your coverage.

WE ARE CURRENTLY NOT A PROVIDER WITH ANY INSURANCE COMPANY.

We will still submit your dental claim for you regardless of the carrier.

If you are a member of a dental plan that does not accept or guarantee assignment of benefits to the provider payment will be expected at the time service is rendered. Patient Initials _____

We accept payment in the form of cash, check, and credit cards (*American Express, Discover, Master Card, Visa and Care Credit*).

No Dental Coverage

Patients without dental coverage are expected to pay the total fee on the day services are provided, unless special financial arrangements have been discussed and pre-arranged.

Dental Coverage

If you are covered by dental insurance, we require a percentage of the total cost the day of the Root Canal Treatment. In turn we will process your claim. If a balance remains, prompt payment is due, once notification by statement. However the amount not covered under your particular policy is your responsibility. Notification of balance due, statement will be sent. Upon receiving and posting the insurance payment, if a credit exists a prompt refund will be processed.

Consultation Fee

Due to the nature of our specialty, the consultation fee will be collected in full. In return we will submit a claim on your behalf.

Incomplete Treatment or Vertical Root Fracture

In some cases a root canal procedure cannot be completed due to a vertical root fracture, too little tooth structure or too much decay. In that case the tooth would need to be extracted. The total "incomplete fee" would be collected and we will file a claim on your behalf.

We must emphasize that as a dental care provider, **our relationship is with you not your insurance company.** While filing of insurance claims is a courtesy that we extend to our patients, any charges are your responsibilities from the date services are rendered. Returned checks may be subject to additional fees. A service charge of 1.5% per month will automatically be added to delinquent accounts older than 30 days. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to address your concerns with our staff. We are here to assist you.

For services rendered today my method of payment will be:

Cash _____ Check _____ M/C _____ Visa _____ Amex _____ Disc _____ Debit Card _____ Care Credit _____

Signature _____ Date _____
Signature of patient /or responsible party