

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 have negotiated for your benefit package and stipulations. It is a contract between your employer and the insurance company. **Bradford 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.

Be aware that our office does not participate in any dental plans, even though your referring dentist may participate and has referred you to our office for endodontic treatment. If you are member of a PPO, HMO, Discount Dental Plan, Direct Reimbursement Plan or a dental plan that does not accept assignment of benefits to the Doctor, full payment is expected at the time service is rendered.

It is customary to pay for services at the time treatment is rendered. We accept payment in the form of cash, check, and credit cards, (Amex, Discover, Master Card, Visa, Debit Cards and CareCredit)

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. A 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.

Evaluation Fees

Due to the nature of our specialty, the consultation fee is collected in full, and in turn we will submit your claim. Payment for this service is made directly to you by your dental insurance.

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, all charges are your responsibility from the date services are rendered. Returned checks and balances older than 30 days 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.

Signature _____

Date _____

Signature of patient /or responsible party