



ENDODONTIC

ASSOCIATES

Root Canal Therapy & Microsurgery

Financial Policy

We are happy to submit fees covered by insurance directly to your provider. In addition, we will estimate your portion of the fee which will be due at the time of service. Keep in mind, this is only an estimate, based on the information we receive from your insurance provider. Your insurance carrier may cover endodontic procedures based on their own fee schedule, which is not provided to our office. You will be responsible for any portion not paid by your insurance for any reason. If you do not have insurance, full payment is due at the time services are rendered and a 7% discount for payment with cash, check or credit cards will be applied. We accept Visa, MasterCard, Discover and American Express.

Returned checks and letters to you requiring certified mail will be subject to a \$25.00 service charge added to your account.

Charges may also be made for medical reports, medical records, no-shows and appointments cancelled without 24 hours advance notice.

Please be advised that if for whatever reason your insurance company may deny your claim, you are responsible for all charges from the date services are rendered.

If you have any questions regarding your account or your insurance, please contact our office at 303-796-7676.

ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY:

The information provided by me to Endodontic Associates is true to the best of my knowledge. I understand that I am responsible to pay for services rendered including reasonable attorney's fees and costs of collection in the event of default. I also hereby authorize Endodontic Associates to furnish or obtain any/all information to/from insurance carriers/Social Security Administration (Medicare), the referring doctor or PCP, physicians, other agencies to whom we refer, or designated next of kin or caregiver concerning treatments. I authorize my insurance company to send payment directly to Endodontic Associates.

Signature _____

Date _____