



**Office Payment Policy**

**Payment in full is expected at the time service is rendered.** Endodontic treatment may take one or more visits, depending on the difficulty. If another appointment is needed, there may be an additional fee.

Fees for endodontic treatment and surgical procedures range from \$1,450 to \$1,900. If your appointment is for an evaluation, the fee ranges from \$160 to \$250. If your tooth requires a medication treatment (calcium hydroxide), there will be an additional \$200 fee (in addition to the root canal treatment fee). The need for this will be determined before or during the course of treatment. Certain circumstances may necessitate a fee for follow up care.

**Accepted Methods of Payments:**

- Cash**
- Credit Card** (We take all major credit cards, including VISA, MC, DISC and AE)
- Debit Card**
- Care Credit®**
- Personal Check** (Checks are processed electronically and will be provided to you as a receipt of the transaction)

I, the undersigned, have read the above information. I certify that I am the patient or the custodian/agent of the patient authorized to furnish the information requested. I understand and agree that even if I have dental insurance, I am responsible for payment of services at time of treatment.

\_\_\_\_\_  
**Patient's (or Parent/Legal Guardian's) Signature**

\_\_\_\_\_  
**Date**

**Insurance:**

If you have **dental insurance**, we will help you file your claim to make the reimbursement process as easy and convenient for you as possible. **We do not accept insurance as a form of payment for your endodontic treatment.** Reimbursements of insurance benefits will be made directly to you. This office does not accept worker's compensation.

Please provide the office with a copy of your insurance card and fill in the required information below.

Insurance Carrier and Address:\_\_\_\_\_

Subscriber's Name, Date of Birth, and Relationship:\_\_\_\_\_

Group Number: \_\_\_\_\_ ID Number:\_\_\_\_\_