

  
**BROWARD**  
**ENDODONTICS**  
FINANCIAL POLICY

**FEES:**

If endodontic treatment is indicated and decided upon, after consultation, one total fee will be quoted. This fee may include: the consultation; routine visits needed during normal endodontic treatment; routine post-treatment recalls and check-ups. Any circumstances requiring additional procedures, extra diagnostic appointments or any visits other than during normal office hours are subject to additional charges. A charge may be made for additional appointments resulting from failure to show for a scheduled appointment without a prior 24-hour notification. A **\$50** fee will be assessed on all returned checks.

**DENTAL INSURANCE:**

Your insurance is a contract between you, your employer and your insurance carrier. We are not a party to that contract. "Usual and customary rates" is an insurance company term for benefits allowed in your plan. **Our practice is committed to provide the best treatment possible for patients. Our fees are more than the usual and customary rates that are arbitrarily set by insurance companies.** You are responsible for payment regardless of any insurance company's determination of usual and customary rates and/or payment or non-payment. It is your responsibility to submit your insurance information to us before initiation of your treatment. Any questions about insurance should be discussed with our business coordinator before treatment is begun. Your signature on this policy authorizes the release of any information necessary to process dental insurance.

**METHOD OF PAYMENT:**

As stated above, our fees are slightly higher than the insurance company's usual and customary rates. Therefore, patients with dental insurance will be responsible for half the fees at the time services are rendered. Fees not covered by the insurance will be charged to the patient at 100%. If the total payment exceeds the treatment fee, a refund check will be mailed immediately for the balance. For patients **without** insurance, payment is due and payable in its entirety at the time services are rendered. If additional visits are required in your treatment plan, your options are payment in full on your initial visit or payment as each stage of your treatment is accomplished. **We accept cash, money order, check or VISA/MasterCard/AMEX/Care Credit.**

**FINAL RESTORATION:**

Endodontic treatment does not include placing the permanent restoration on the tooth. You will be referred back to your general dentist for a final restoration, such as a crown, cap, onlay or filling. This is your responsibility and is necessary to safeguard the tooth.

**LAB FEES:**

If it is necessary for us to order laboratory tests (such as culture and sensitivity or biopsy), you will be billed directly by the laboratory and responsible for payment of that bill.

**AGREEMENT:**

**As a patient or legal guardian of a minor, I agree to be present for treatment and to pay for all services rendered in accordance with the terms and conditions set forth in this financial policy. In the event that my account becomes delinquent and is turned over for collections, I understand that my account will be assessed a fee 30% of the balance. I will be responsible for all collection fees, attorney fees and court costs.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient or Guardian Signature