

The primary objective of this office is to provide you with the best quality dental care available. This document serves as an agreement between Foundation Endodontics, and you, the patient/legal guardian. Our objective is to provide comprehensive information in order to alleviate any misunderstandings with regard to our financial agreements.

1. The fee for endodontic therapy is determined by the complexity of the tooth being treated
2. If you do not have insurance coverage, the total will be due at the time of service
3. We gladly work with many insurance companies to make sure you maximize your insurance reimbursement for covered services
4. Benefits quoted to you are only an estimate provided by the insurance company. Not all dental or endodontic procedures are a covered benefit in all dental insurance plans.
5. Insurance coverage verification does not guarantee payment
6. Insurance claims are submitted on your behalf as a courtesy
7. Your estimated co-payment is due in full at the time of service
8. We file all claims electronically. Most insurance companies will respond within four to six weeks but might take longer.
9. Both parties will receive an EOB (explanation of benefits) from the dental insurance company
10. **If there is any remaining balance after insurance pays, that amount is your responsibility and is due in full within 30 days.**
11. If your insurance pays more than the estimated amount, a refund will be issued to you
12. If the claim is not paid by the insurance company within 60 days, you will be responsible for the remaining balance
13. **\*\*\*\* Please remember you are fully responsible for all fees charged by this office regardless of your insurance coverage. Your insurance coverage fees and percentages are a contract between you and your insurance company, not between Foundation Endodontics and your insurance carrier. \*\*\*\***
14. We accept cash and all major credit cards. We also offer a 6 month deferred interest payment plan offered through Care Credit.
15. If your account with Foundation Endodontics becomes delinquent, you are responsible for paying all costs associated with the collection procedure, and we may report the status and payment history of your account to credit reporting agencies.

We are always happy to answer any questions you have about fees and billing prior to initiating any scheduled treatment. Our goal is to deliver the finest endodontic care and a positive patient experience.

**I have read and understand the Foundation Endodontic financial policy, and I consent to the policy**

X \_\_\_\_\_  
**Patient (Print Name)**

X \_\_\_\_\_  
**Signature of Patient/Guardian**                      **Date**