

EASTERN IDAHO ENDODONTICS

FINANCIAL AGREEMENT:

PAYMENT IS DUE AT THE TIME OF SERVICE. FOR PATIENTS WITH DENTAL INSURANCE, A CLAIM WILL BE FILED ON THEIR BEHALF. FINANCE CHARGES ARE ASSESSED 90 DAYS [AFTER THE INSURANCE PAYS] ON ANY REMAINING BALANCE.

At Eastern Idaho Endodontics, we strive to provide the best customer service to our patients. When you schedule an appointment at our office and have current dental insurance, we call your dental insurance provider one or two days prior to your scheduled appointment. We confirm coverage, maximums, co-insurance for endodontic treatment, waiting periods, etc. Our insurance coordinators then calculate an estimate based on what we anticipate your treatment will be, based on the information your general dentist provides. Your estimate will be provided to you via phone or text when we contact you to confirm your appointment date and time, generally this will be the day prior to your appointment. The estimate given prior to your appointment can change once the Dr. has completed a thorough examination and has determined the proper treatment. The estimate is not always accurate and could result in a refund or balance due after your insurance provider has submitted payment. If a balance is due, we accept all credit cards, cash, check and CareCredit. We try to get as close as possible with your estimate, but if you have a balance after your insurance has submitted payment, we have payment plan options and will gladly work with you. Please note that if additional dental claims are submitted to your insurance, by another dental provider, after verification of benefits this will change the estimate and could deplete your benefits.

There are additional procedures that the treating Dr. may deem to be a necessary part of your treatment plan that your insurance benefits may not cover. These costs will be the responsibility of the patient/responsible party.

These procedures are, but are not limited to:

- GentleWave procedure
- Nitrous (laughing gas)
- Root canal obstruction
- Bone graft
- Surgical post op medications
- Oral sedation
- CT scan (conebeam)

I authorize my insurance company and/or benefits administrator to pay these assigned benefits directly to Eastern Idaho Endodontics. I understand I am financially responsible for any charges, whether paid by my insurance and/or benefits administrator, and that Eastern Idaho will submit billings to my insurance company and/or benefits administrator as a courtesy for me. Unpaid balances may be subject to referral to a collection agency for further debt resolution.

I have read and understand the above statement. I understand my financial responsibility for any and all charges not covered by my insurance benefits.

Patient/Parent/Guardian Signature

Date