

(Please note: A consultation with the doctor is always done prior to treatment, so an estimate could change depending on the treatment plan)

Patient's with insurance

_____ I acknowledge that I have been given a cost estimate by an Eastern Idaho Endodontics employee before receiving treatment and I agree to pay my full estimated portion on the date of service, unless a payment agreement has been arranged prior to.

_____ I acknowledge that the Eastern Idaho Endodontics insurance estimate was given to the best of their knowledge, and I understand that I will need to contact my insurance company with any questions. Insurance could always pay more or less depending on different circumstances and I acknowledge that the full total is my sole responsibility if insurance does not cover.

(Sonendo Procedure Instrument (Gentle Wave) and EdgePro Laser are not billed to insurance and will NOT be on your EOB.

Sign: _____ Date: _____

Cash Patient's

_____ I acknowledge that I have been given a cost estimate by an Eastern Idaho Endodontic employee before receiving treatment and I agree to pay my full portion on the date of service, unless a payment agreement has been arranged prior to.

_____ I acknowledge that the full total is my sole responsibility and estimates could always change depending on treatment.

Sign: _____ Date: _____

Accepted forms of payment: Visa, Mastercard, American Express, Cash, Check and Care Credit – Cash patients can receive 5% off if paid in full on date of service with cash or check (this excludes any credit card or care credit)