

SOUTHEASTERN ENDODONTICS, LLC

Financial Policies

Thank you for allowing us to serve you. Please read the following explanation of our financial policies and feel free to ask questions concerning these procedures.

Ultimately you are responsible for any charges incurred with this office. Consultation fees are due in full on the date of service due to stipulations placed by insurance companies. Nitrous Oxide and the opening of Zirconia Crowns will be charged independent of your insurance company as most insurance companies do not pay for either.

If you have dental insurance that pays the insured (you) instead of the provider's office, fees are due in full when services are rendered. **We will file your claim for you as a courtesy.**

If your dental insurance pays the provider (us), we will estimate your percentage plus your deductible (if not met) to be paid at the time of service. We will file your claim, however, you are still responsible for any remaining balance per insurance contracts, payable to our office within 15 days after your insurance pays. Any account balance over 30 days will be billed at 21% interest.

We do accept Care Credit, upon approval, for patients that elect to pay on a monthly basis as we do not have an "in-house" payment program.

If a check is returned insufficient funds (NSF), you will be charged a fee of \$45.00 as well as the 21% interest accrued from the date of service.

Once an account becomes delinquent, you are responsible for all collection fees.

Please initial and date the following best payment option for you, if no option is chosen – Option 1 is understood.

_____ 1. Payment will be **paid in full** at the time of service. We accept cash, personal Checks, Visa, Master Card, Discover and American Express.

_____ 2. **Estimated** Co-pays and deductibles are due in full at time of dental services. We are in-network with many dental insurance companies and strive to figure the best estimated portion for you. Insurance companies do have a disclaimer whereas they do not guarantee payment on a claim until they have processed that claim. *Please know that if your insurance company pays less than we estimated, we will send you a bill; Be assured, if your insurance company pays more than we estimated, we will send you a refund.*

_____ 3. PRE-APPROVED ONLY: A monthly payment plan is offered through **CARE CREDIT** for the total amount of the treatment/services in full. *(Only if arrangements were made **before** your appointment / treatment with Pre-Approval by **CARE CREDIT**.)* If you have dental insurance, but need help with the Co-pays and Deductibles, we would still file your claim for you. See Option 2.

We must emphasize that as a dental provider, our relationship with you is our priority, not your insurance company. All charges are ultimately your responsibility.

"I have read and understood the above financial statement/policy."

Signature of Patient, Parent or Guardian

Date