



FINANCIAL & INSURANCE POLICY

Patient Name: _____

At Oakwood Endodontics we make every effort to provide you with the finest care at the most reasonable costs, therefore payment is due at the time service is rendered unless other arrangements have been made in advance. The final cost for our services will be determined by the complexity of your recommended treatment and the tooth being treated. We will provide you with a personalized fee schedule prior to your treatment. At that time, we'll also settle any concerns you may have about fees, insurance benefits and procedures. We gladly work with many insurance companies to make sure you maximize your insurance reimbursement for covered services.

As a courtesy to you, we will submit your claim to your primary insurance company. Any secondary insurance will be filed as a courtesy, but you as a patient are responsible for following up with your insurance company for payment. **Your estimated co-payment is due in full at the time of service.** Benefits quoted to you are only an estimate provided by the insurance company.

We file all claims electronically. Most insurance companies will respond within four to six weeks. After we have received your EOB (explanation of benefits) from your dental insurance company we will send you a statement if there is a remaining balance. If there is a credit we will automatically send you a re-imbusement check by mail. If the claim is not paid within 30 days or if there is any remaining balance after insurance pays, that amount is your responsibility and is due in full. Please be aware that there is NO guarantee of benefits from the insurance company until a claim is received and processed by the insurance company.

No Insurance/Care Credit

To help patients reach their dental health goals, we offer several payment options. If a root canal is needed, we offer an in house payment plan with no interest consisting of 2 equal payments with each payment due at start and complete of treatment. We also offer a 5% cash discount if services are paid in full with a check or cash on the day of treatment. Discounts cannot be combined. We offer a 6 month deferred interest payment plan offered through Care Credit. You must apply for Care Credit prior to your procedure. Simply go to www.CareCredit.com to apply for approval. For your convenience we also accept all major credit cards. If you have questions regarding your account, please contact our front office at (512) 948-7624.

I understand that I am responsible for all treatment received. I also understand that if I have insurance, it will be filed as a courtesy to me. I understand that any secondary insurance will be filed as a courtesy as a non-assigned claim. I understand that I am fully responsible for all fees charged by this office regardless of my insurance coverage. I understand that once payment has been received from my insurance company, any balance remaining on my account will be due within 30 days.

I authorize the use of my signature for all insurance claims and for the insurance company to issue payment directly to Oakwood Endodontics.

Signature of Patient/Guardian: _____ **Date:** _____

Printed Name: _____ **Relationship:** _____