



Precision Endodontics, PC Policies

In order to keep our fees from rising and at the same time, keep up with monumental expenses of bookkeeping and billing services, we have opted to offer our patients these payment policies. This will help reduce our overhead, enabling us to pass the savings along to our patients.

- Payment is expected at the time the service is rendered. We will accept cash, personal checks (not exceeding \$200.00), and the following credit cards: Visa, Master Card, Discover, American Express, and Care Credit.
- Non-insured patients are expected to make payments in full the day the service rendered, unless definite arrangements have been made with our office manager in advance.
- Patients with dental insurance or discount plans are expected to pay, on the date of service, the portion of the total fee not covered by their insurance plans. This "patient portion" is only an estimated dollar amount and the patient will be responsible for any dollar amount not covered by insurance after payment is rendered.
- The patient is always responsible for seeing that the ENTIRE FEE is paid in full. Appointments missed or cancelled within 24 hours of the scheduled appointment will result in a \$50.00 fee.
- The undersigned also agree (s) to pay all collection costs incurred, in an amount not to exceed fifty percent (50%) of the unpaid balance, should any unpaid balance be referred to a collection agency, in addition, should any unpaid balance due be referred to an attorney for litigation, all reasonable attorney fees and court costs shall be paid for by the undersigned as allowed by the Court.

As a courtesy, our office will file your claim with your insurance company and initiate correspondence with the purpose of getting you the maximum coverage your insurance will allow; however, if we do not receive payment from your insurance company within 90 days, the payment becomes your responsibility.

I have read the above policies and agree to abide by them.

Signature : _____ Date: _____