



OFFICE FINANCIAL POLICY

PLEASE BE AWARE, IT IS THE RESPONSIBILITY OF THE PATIENT TO KNOW THEIR
INSURANCE COVERAGE AND BENEFITS

For Patients without Insurance:

Full payment is required for services provided that day.

For Patients with Delta Dental *Premier* Insurance (In-Network):

We will do our best to provide an *estimate* of your co-insurance payment, which will be due at the time of service. We will file your claim and bill you for any balance that may result from a non-covered service or a charge exceeding your yearly benefit maximum. Any overpayment will be reimbursed to you.

For Patients with other insurances (Out-Of-Network):

Full payment is required for services provided that day. We will file an insurance claim on your behalf so that you may receive a reimbursement from your insurance company. We are unable to provide estimates of potential reimbursement amounts.

CBCT Images (3-D Images):

CBCT imagery is critical to the specialty of endodontics and we routinely take CBCT's on all patients (unless the patient presents with a recent CBCT of diagnostic quality). Insurance plans often do not cover the cost of CBCT's and therefore we collect the \$150 CBCT fee at the time of service. We will include the CBCT code on your insurance claim and reimburse you for any payment your insurance may pay.

WE ARE NOT a Medicare/Medicaid provider and we are unable to process the paper work for Medicare/Medicaid.

There are no guarantees of coverage and you are responsible for payment of full fee regardless of how much your insurance pays.

I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS OF THIS FINANCIAL
POLICY.

