



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):

If a CBCT is necessary for diagnosis, the full fee of the CBCT will be due at the time of service (\$150), regardless of your insurance plan. CBCT is routinely considered a non-covered service from insurances despite its invaluable contribution to endodontic diagnosis and treatment planning. We will include the CBCT 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.

