

PAYMENT POLICY

Welcome to Northern Illinois Endodontics. Please read these payment policies and feel free to ask us any questions you may have.

We participate in Delta Dental Premier, Cigna Dental PPO (previously Radius), Aetna, Guardian PPO and Dental Health Alliance administered by Assurant insurance plans. However, we will file **your insurance** as a courtesy to you. It is your responsibility to provide us with a current, valid insurance card at the time of your visit. A deposit will be required for treatment. We will bill you for any balance that remains after the insurance payment has been received. If you have any problems or questions concerning your insurance, please contact your insurance company. **Please understand that you, the patient, are ultimately responsible for payment for any endodontic services received.**

If you do not have dental insurance, payment is due at the time of your appointment. A fee of \$25.00 will be charged for any checks returned for insufficient funds.

Statements are mailed on a monthly cycle. Payment is due by the first of the following month. A \$10.00 late fee will be added to past due accounts. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency. When your account is referred to a collection agency a 30% agency fee will be added to the outstanding balance, plus additional court costs and attorney fees if needed.

I acknowledge full responsibility for the payment of such services and agree to pay for them, in full, **at or before completion**, unless other specific arrangements are made with the office manager. I authorize my insurance carrier to issue the dental benefits of my plan directly to this dental office. I also authorize the release of any information necessary to process my dental insurance.

Signature Of **Patient** Or Parent If A Minor

Date

INFORMED CONSENT

I understand Root Canal Therapy is a procedure to retain a tooth which may otherwise require extraction. Although Root Canal Therapy has a very high degree of clinical success, it is still a biological procedure, so it cannot be guaranteed. Occasionally, a tooth that has had Root Canal Therapy may require retreatment, surgery, or even extraction. I also understand that **only** the Root Canal Therapy is to be performed at this office. The **permanent** (outside) **restoration** (filling, onlay, crown, etc.) will be done by my regular dentist.

Signature Of **Patient** Or Parent If A Minor

Date