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Financial Policy for Wichita Falls Endodontics

Please familiarize yourself with our financial policy. We believe that good communication concerning our policy regarding insurance and financial issues will help you understand our expectations regarding your financial responsibility. If at any time you have any questions regarding fees, treatment, or payment, please call our office.

Patients without Dental Insurance
Payment is due in full at the time of service. Visa, Mastercard, Discover and CareCredit are accepted in our office.

Patients with Dental Insurance
Dental insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract and the amount of coverage you will receive depends on the plan purchased by you or your employer, not the fees of the doctor.

Prior to treatment, we will provide you with an **ESTIMATE** based on the information provided to us by your insurance company. This estimated portion of payment is due in full at the time of your treatment and your insurance company will be billed. However, if your insurance does not pay the full remaining balance, you will be billed for the additional balance. If your insurance pays more than the balance remaining, you will be issued a refund check. Refund checks are issued twice a month.

I have read and accept the terms of this financial policy. I understand I am responsible for payment and will be responsible for any legal fees incurred in the collection of my account. I authorize payment of benefits by my insurance company to be made payable to Wichita Falls Endodontics.

OFFICE USE: Tooth # _____

Cost of Treatment: _____

Estimated Insurance Payment: _____

Balance Due: _____

_____   _____
Patient Signature or Guardian Signature   Date