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FINANCIAL POLICY

Thank you for choosing our office for your endodontic needs. We are dedicated to providing the best professional advice, care, and endodontic treatment for our patients. Please understand that payment of your bill is part of your treatment. The following is an explanation of our Financial Policy for you to read and sign before seeing the doctor.

SELF-PAY PATIENTS:

Payment in Full is due at the time services are rendered. We accept cash, check and most credit cards. We also offer financing options available through CareCredit. Please discuss this option with the receptionist if you are interested.

INFORMATION FOR PATIENTS WITH DENTAL BENEFIT INSURANCE:

Your insurance is a contract between you and your insurance carrier negotiated by your employer. There will be a maximum dollar amount of coverage per year. There are often annual deductibles. It is vitally important that you understand your coverage including any waiting periods or non-covered services. No dental insurance is designed to cover 100% of treatment costs.

Therefore, at the time of treatment we will do our absolute best to provide an estimate of your insurance benefit based on insurance information you provide to us and based on what your insurance carrier will pay for endodontic services. We will ask for a percentage payment due based on this information. An accurate estimate of your available benefit can be affected by any outstanding dental claims not yet processed, any remaining deductible owed, and any exceeded annual maximum. Coordination of dental benefits, that is, payments from a spouse's secondary insurance coverage, can also affect our estimate. Thus, many factors come into play when we provide an estimate of benefit and ask for your percentage payment due. Because of these uncertain factors, our estimate is only an estimate and is not a guarantee that a specific benefit amount will be paid. Once your insurance benefit payment has been made, a statement will be sent for any outstanding balance due. We accept cash, checks and most credit cards for payment. CareCredit can be used as a financing option.

Our office is committed to providing the best treatment for our patients and we charge fees that are usual and customary for our area. You are responsible for payment regardless of any insurance carrier's arbitrary determination of usual and customary rates (UCR).

I have read and understand this Financial Policy.

Signed: _____ **Date:** _____
(Signature of patient or responsible party)