



## Financial Agreement

### INSURANCE COMPANIES

We are here to help answer any questions you may have regarding your dental insurance coverage and payments. However, I \_\_\_\_\_, understand that my insurance coverage is a contract between myself or the primary policy holder, my employer, and the insurance company. Dental insurance is NOT meant to cover all fees. It is meant to be an aid to your investment in your dental healthcare. As a courtesy to our patients we file and process your insurance for you, but Burleson Endodontics acts as a third party. Even though we file your insurance for you, you are still financially responsible for the balance on your account. Insurance companies will not release the exact amount they will pay for a procedure until the treatment is completed and the claim is submitted. The amount of insurance coverage estimated for treatment at Burleson Endodontics, is based on the percentage of their fee schedule that the insurance company says it will cover.

By signing this agreement, I acknowledge that Burleson Endodontics is providing me an ESTIMATED out of pocket cost and I agree that I will be responsible for any unpaid balance by my insurance company.

Initials: \_\_\_\_\_

### FINANCIAL RESPONSIBILITY

We accept cash, Visa, MasterCard, American Express and Discover. Full payment of services is due at the time services are rendered. Other arrangements can be made with our office manager depending upon special circumstances. If you have dental insurance, your **estimated** portion plus any deductibles will be due the day services are rendered. In the event that your insurance company does not cover your treatment or does not pay what is estimated from them, then you are responsible for any remaining balance in full. After 60 days post treatment all unpaid balances including pending insurance claims and any other payments will become due immediately. A finance charge of 1.5% per month will be added to any unpaid balance after 60 days post treatment. If after 60 days the account is unresolved the responsible paying party will be subject to **collections agency and/or small claims court**. In which any fees incurred to Burleson Endodontics will be paid by the responsible paying party. If you have any concerns with this policy, please let one of our staff members know.

Initials: \_\_\_\_\_

### BROKEN APPOINTMENTS

We reserve time exclusively for you. We do not double book our patients to insure proper care of our patients. APPOINTMENTS MISSED OR NOT CANCELLED WITHIN 24 HOURS ARE SUBJECT TO A \$75.00 CHARGE.

Initials: \_\_\_\_\_

I have read the above, and I understand and agree to these policies. By signing I authorize the release of information necessary to process my claim. I hereby authorize direct payment to Burleson Endodontics/treating doctor of the benefits otherwise payable to me.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Dental Office Staff)

\_\_\_\_\_  
Date

