



ENDODONTIC CENTER

Preserving smiles with innovative care
ROOT CANALS - IMPLANTS

Written Financial Policy

Thank you for choosing Endodontic Center, P.C. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa, Mastercard, Discover or American Express
- NO INTEREST * Payment Plans**from CareCredit
 - o Allows you to pay over time with NO INTEREST*
 - o No annual fees or pre-payment penalties

Please note:

- Endodontic Center, P.C. requires payment upon completion of your treatment.
- For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.*** **However, your estimated co-payment as determined by information we receive from your insurance would be due at the time of your treatment. If for some reason your insurance pays less then we estimate at the time of your treatment you may receive a statement from our office as the balance would then be your responsibility.**
- A fee of \$25 is charged for patients who have to be turned over to a collections agency.
- Endodontic Center, P.C. charges \$25 for returned checks.
- **There will be a charge for appointments that are missed or changed without 24 hour notice.**
- If you have any questions, please do not hesitate to ask.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

*If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

**Subject to credit approval.

***If we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

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