



# Shore Endodontics

## Financial Consent Form

For \_\_\_\_\_ (Patient Name)

We would like to welcome you to Shore Endodontics. We look forward to providing you with the most exceptional dental care. To provide you with the most beneficial and comprehensive service and care, we do ask that you review and complete our office and financials policy consent forms. We will gladly discuss your proposed treatment, financials options and any other questions you may have. We strive to keep you informed and involved with your treatment as much as possible.

### Dental Insurance

\_\_\_\_\_ (Initials) I **DO NOT** have dental insurance

\_\_\_\_\_ (Initials) I **DO** have dental insurance (if so, please continue below)

If you have dental insurance, we will file the claims. We do ask that the correct insurance information be provided at the time of your appointment in order for us to timely file the claim and collect payments. If this information changes, it is the patient's responsibility to update Shore Endodontics at the earliest convenience. While we do our best to verify dental benefits prior to your first appointment, this does not guarantee coverage or payments to Shore Endodontics. We do accept payments from the dental insurance companies. It is your responsibility to understand your Dental Insurance Benefits.

Shore Endodontics will provide you with an ESTIMATE of your out-of-pocket expense for any treatment planned by the Doctor(s). However, please understand that these are strictly estimates, and are not a guarantee that your insurance company will produce payment according to these estimates.

**Please note that any difference in payment from your insurance company and your account balance is your responsibility.** We emphasize that as dental care providers, our relationship is with you, NOT your insurance company. If difficulty arises with payment from the insurance company, we will ask that you contact your carrier to rectify the problem. **All expected insurance balances remaining unpaid after 60 days from the date of service becomes the immediate responsibility of the patient and / or account holder.**

**Payment for services (co-pay / co-insurance) is due at the time the services are provided.**

### Payment / Co-Pays / Deductibles

Payment for co-pays and / or deductibles is due at the time services are provided. We have several options for payment of services, which may be paid in the following manner:

- 1.) Payment by cash, Visa, Mastercard, Discover, or American Express.
- 2.) Payment by CareCredit. CareCredit is a bank financing for qualified applicants who prefer additional time to pay their balance. It is a revolving line of credit through an independent financial institution.

**I understand the above paragraph regarding payment for services and have had the opportunity to have any questions answered to the best of Shore Endodontics ability.**

\_\_\_\_\_ **Signature of Responsible Party**

\_\_\_\_\_ **Date**