Financial Policy

Thank you for choosing ***SRQ Endodontics*** as your Root Canal specialist!

**The following is a statement of our financial policy, which we require that you read, agree, and sign prior to any treatment.**

We accept the following method of payment: American Express, Care Credit, Cash, Checks, Discover, MasterCard, and Visa. We will also process payments through Sunbit starting April 2023.

We will file any Dental PPO claims as a courtesy to you. Most insurance companies will respond within four to six weeks. Please allow our office that time to fully process your claim.

For in network patients, please note that benefits quoted prior to your appointment are not a guarantee of payment from your insurance company. Your pre-estimated portion and deductible is due at the time services are rendered. Any remaining balance after your insurance has paid its portion is your responsibility.

We will send you a statement or refund, if there is any difference once your insurance has paidus.

For out of network patients or patients without insurance, payment is expected in full, upfront at the time services are rendered. With no exception.

**Please note: After three statements and no attempt to pay, your account will automatically go to a collection agency. A collection fee will be added to your account. If the account goes into collection any dispute or payment will be processed and managed by the agency directly.**

**Our office will not enter into a dispute with your insurance over any claim. However, we will provide the necessary documentation your insurance company requests to settle the claim.**

**CANCELED OR NO-SHOW APPOINTMENT FEE**

***We realize that there can be unexpected circumstances to cause a failed appointment. However, we reserve the right to charge each patient for repeated failed appointments if we do not receive a 24 hour’ notice to cancel your appointment. A $50 charge will be added to your account.***

***We reserve the right to reschedule your appointment if you are more than 15 minutes late.***

***If you have any questions or concerns, please contact us during our normal business hours; Monday, Tuesday, and Thursday 8am -5pm. Wednesday and Friday 8am – 3pm.***

***We are closed on all national holidays such as Memorial Day, 4th of July, Labor Day, Thanksgiving, Christmas, and New Years.***

**By signing this financial agreement, you agree and understand its terms and conditions.**

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship if signed by parent/guardian of the patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_