

WEDGEWOOD ENDODONTICS

Chris Ettrich DDS, MSD

Thank you for choosing Wedgewood Endodontics and Dr. Ettrich for your Endodontic needs. Our practice is committed to providing the best care and treatment in a comfortable and relaxed atmosphere.

The fee for endodontic therapy is determined by the complexity of the tooth being treated. Our endodontic fees are based on consultation, treatment plan, clinical procedures, and follow up care. They do not include the final restoration completed by your general dentist. When a microsurgical procedure is indicated initially or becomes evident during treatment, a separate fee may be charged.

Broken Appointments

We respectfully request a 24 hour cancellation notice to avoid a \$100 charge per each 30 minutes of your scheduled appointment time.

Financial Arrangements

Payment for services is the responsibility of the patient and is payable at the time of service. Payment can be made by cash, check or credit card. We accept Visa, Mastercard, American Express and Discover. If you do not have dental insurance, you agree to pay the entire treatment fee at the time of service. If balances due are unpaid after 90 days, your account will be turned over to collections. **Patients will be responsible for any costs incurred by Wedgewood Endodontics, LLC., should their account(s) be sent to a third party agency for the purpose of collecting any outstanding debt over 90 days, including any court or attorney fees incurred.** Any personal check returned unpaid or NSF will incur a \$30 returned check fee. You agree, in order for us to provide services for you and your account and/or collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which may result in a charge to you. We may also contact you by text messages or email, using any email address you provide to us. Methods of contact may include pre-recorded/artificial voice messages and/or automatic dialing device if applicable.

Notice to Patients Covered by Insurance

In the event you have dental insurance, we will accept direct assignment of benefits if such benefit coverages can be pre-determined. As a service to our patients, before your treatment, we will attempt to contact your insurance company for an estimate of yearly maximums and co-payments. **This is an estimate and is not a guaranteed figure.** The patient may incur an additional payment if the co-pay is underestimated or may receive a reimbursement if overestimated. We will be happy to complete and file your insurance claims as a courtesy to you. We request payment for all deductibles, non-covered procedures and co-pays at the time of service.

We ask that you claim responsibility for any balance due if any of the following occur:

- The treatment cost exceeds your yearly maximum
- Any treatment is denied coverage by your insurance company
- Payment from the insurance company is less than the amount originally estimated
- You are ineligible for insurance at the time of service
- There is a prevention or delay in payment due to noncompliance on your part with requests for insurance forms or signatures
- The patient decides not to complete treatment, which results in nonpayment by the insurance company
- The patient receives the insurance check and does not send it to Wedgewood Endodontics

As the patient or guardian, I authorize payment from my insurance company directly to Wedgewood Endodontics.

Signing below indicates that you have read the above and agree with our financial policy.

Patient's Name

Signature of Patient/Guardian

Date