

## FINANCIAL ARRANGEMENTS

Payment for services is the responsibility of the patient and is payable at the time treatment is completed. Payment can be made by cash, check or bankcard using VISA / MASTERCARD / DISCOVER. Please also ask us about CareCredit, a special payment plan that may be available to those who prefer to pay in installments.

### NOTICE TO INSURANCE PATIENTS:

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 estimated out-of-pocket payment. Unfortunately, this can only be an estimate and is not a guaranteed figure. The patient may incur an additional out-of-pocket payment or may receive a reimbursement in the mail if overpaid.

We will be happy to assist in the preparation of insurance forms. We request for payment settlement of all deductibles, non-covered procedures, and co-pays be complete at the time of service

### The patient is responsible for any balance due if any of the following occurs:

- The treatment goes over your yearly maximum
- Any Treatment is denied coverage by you insurance company
- You are ineligible for insurance benefits
- There is a prevention or delay in payment due to noncompliance on your part with requests for insurance forms or signatures
- The patient decides to not complete treatment which results in nonpayment by the insurance company
- The patient receives the insurance check and does not send it to West Seattle Endodontics

As patient, I hereby authorize payment directly to West Seattle Endodontics.

Patient (or Guardian) Signature: \_\_\_\_\_

Date: \_\_\_\_\_