

# RICHARD J. DELLORK, D.D.S.

PRACTICE LIMITED TO ENDODONTICS

30 YEARS SERVING NORTHERN VIRGINIA

## ENDODONTIC FEES AND PAYMENT POLICY

The fee for endodontic therapy is determined by the complexity of the tooth being treated. Therefore, we cannot give you an estimate of the charges in advance of treatment, but we are happy to provide you a range of anticipated fees.

Payment is expected at the time services are provided. If you have insurance coverage, payments will be in accordance with your plan benefits. For your convenience, we accept cash, personal check, Visa, MasterCard, Discover and Care Credit.

### **Insurance:**

- 1) You must provide valid evidence of coverage, or you will be requested to pay in full.
- 2) You are responsible for any co-payment amounts at the time of service, as well as any deductible and non-covered services. For example, nitrous sedation, if requested, may or may not be a covered benefit.
- 3) You are responsible for any amounts over your yearly contracted benefit amount. For example, if your total annual benefit is \$900 and you have already submitted \$900 in claims, you will be responsible for 100% of our fee.
- 4) You are responsible for knowing the benefits of your insurance policy. Not all dental or endodontic procedures are a covered benefit.
- 5) We cannot guarantee the accuracy of the benefits quoted to us verbally by your insurance company at the time of treatment. The Explanation of Benefits is the only validation of benefits that we can provide.

If you are covered by a plan with which we do not participate, as a courtesy we will file the appropriate claim and documentation. If your insurance denies coverage, or if we do not receive payment within 30 days from date of services rendered, the amount will then become due and payable by you. However, we will help you pursue reimbursement from your insurance company and will provide necessary information and case documentation.

**BC/BS Federal Employee Plans (FEP):** BC/BS FEP does not cover endodontic therapy, nor will it reimburse us directly. BC/BS Explanation of Benefits and payments are mailed solely to the patient. You are, therefore, responsible for payment in full at the time services are rendered.

**BC/BS FEP with secondary insurance:** Please note that some secondary insurance companies **will not remit payment to us until you have provided us with a copy of your EOB from BC/BS.** If you do not provide us with said Explanation of Benefits within 30 days of services rendered, you will be responsible for paying the balance in full, and you will be responsible for collecting payment from your secondary insurance.

If your account becomes delinquent, you are responsible for interest charges and all costs associated with the collection procedure. Your account history may also be reported to the three major credit bureaus.

I have read and understand the above information and I consent to the financial policy.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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