

MILLENNIUM ENDODONTICS

HEALING WITH A GENTLE TOUCH

FINANCIAL POLICY

We are committed to providing you the best possible care. If you have dental insurance, we do our best to help you receive your maximum allowable benefits. We will be happy to process your claim for reimbursement. If we are a provider of your insurance plan, you will only be required to pay an *estimated* co-pay and deductible, or percentage as stated by your insurance company. Payment for these *estimated* charges is expected on the date of service. We must emphasize that as a dental provider, our relationship is with you, the patient, and not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, *all* charges for services provided to you by Millennium Endodontics are your responsibility.

As a condition of your treatment by this office, financial arrangements must be made in advance. Please choose from the options listed below how you would like to pay your *estimated* charges today and any balance that your insurance company may not cover:

____ Payment by cash

____ Payment by check

____ Payment by credit card-VISA/MASTERCARD

____ Payment by Care Credit

I represent that I have read the items above and understand them. I grant Millennium Endodontics permission to contact me or my assignee, via telephone, at home or at my workplace to discuss matters related to this form.

____ Date _____ Relationship to Patient: _____
Signature of patient, parent or guardian

____ Date _____ Relationship to Patient: _____
Signature of guarantor of payment/responsible party