***French Broad Endodontics***

 ***Financial Policy Notice and Disclaimer***

At French Broad Endodontics, we are committed to providing all our patients with the best possible care and service. It is important to us that you have a clear understanding of our financial policies. If you have any questions, please ask our front desk staff ember for clarification. Thank you for choosing French Broad Endodontics for your endodontic care.

***Personal Payments:*** Patients are responsible for their charges at the time the service is provided. We accept major credit/debit cards (Visa, Master Card, Discover, Amex) and checks with the proper personal identification.

***Patients with Insurance Coverage:*** Please understand that your insurance coverage is based on a contract between you and your insurance company. The ultimate responsibility for payment always rests with the patient. Patients will pay all charges in full at the time that services are rendered. As a courtesy, we will file your claim to your Insurance Company for its share of the charges that you incur. Your insurance company will pay you back directly, as we **DO NOT** accept assignment of benefits. If you have a dual Insurance, you will need to file your second claim at your convenience.

***Financing Options:*** We are happy to offer our patients, upon application approval, a monthly payment plan through **Care Credit.** We will offer six months interest-free payment plans to all our patients that are approved and want to use this service. You may apply at home and bring your Care Credit financing information to your appointment with you. Care Credit can only be applied at the time of service.

***Minor Patients and Legal Settlements:*** French Broad Endodontics is not party to any legal settlement resulting from a divorce or child support arrangement. Adult patients are responsible for payment at the time service is provided. Responsibility for minors’ rests with the adult accompanying the patient at the time treatment is provided. Payment for services rendered to a minor is the responsibility of the adult accompanying the patient. A parent or legal guardian should be present to sign treatment consent form for all patients under the age of 18.

***Additional Information:*** There will be an additional charge of $45 for each invalid or NSF check. Any NSF account remaining unpaid for 10 days will be turned over to collections. We know how valuable your time is and we will do our very best to see you at the time of your scheduled appointment. However, if you fail to show up, we could have been providing service to another, equally deserving patient. **We reserve the right to reschedule your appointment or decrease designated appointment time if you arrive late. A $50 “failed appointment” fee may be charged if our office is not informed with advance of 24 hours’ notice. We also reserve the right to ask for a $300 down payment for your next scheduled appointment.**

Patient/Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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