



Financial agreement and insurance benefits assignment

Patient Name: _____

Date: _____

I authorize my insurance carrier to issue the dental benefits of my plan directly to the dental office. I also authorize release of information necessary to process dental insurance. **I understand that regardless of insurance, I am responsible for the total amount for the treatment done.**

I understand that, signing this form does not imply in any way that my insurance company will cover any of the services rendered by Greenville Endodontics' staff. Greenville Endodontics or its employees cannot guarantee the accuracy of any information given by my insurance company regarding my benefits. Based on such information given by my insurance company, Greenville Endodontics' staff will compute an estimate of payment due, as described in the "treatment plan" document. Payment is due on the day the services are rendered (referred to as Service Date from here onwards).

I understand that teeth are sometimes found to be non-restorable during treatment. If any tooth is found to be non-restorable during treatment (for example, due to fractures), an incomplete root canal treatment fee will be charged.

I understand that Greenville Endodontics may file for payments with my insurance company. If my insurance company does not pay Greenville Endodontics for all the services rendered, in full, within 90 days from the Service Date, I am responsible for the remainder of the amount due immediately.

I understand that any amount that is not paid within 90 days from the Service Date is considered "Past Due". A finance charge of 1.5% per month will be applied on all of the "Past Due" amounts from the Service Date onwards until all such "Past Due" amounts are paid in full.

I understand that Greenville Endodontics charges a "returned check fee" on any checks written to the extent allowed by law plus a check handling fee of \$25 per returned check incidence. Solely at the discretion of Greenville Endodontics, the check may be turned over to the Hunt County District Attorney's office for legal action. If the account is "Past Due" finance charges of 1.5% per month will be applied on such fees as well.

I understand that after reasonable attempts at collecting payments for services rendered and any finance charges and other charges to the account, Greenville Endodontics may send the account for collection to a collection agency or small claims court, solely at the discretion of Greenville Endodontics. If the collection agency or small claims court is unable to collect full payment within a reasonable duration, the account may be reported as delinquent to Credit Reporting Agencies. All costs associated with collection efforts including the costs of the collection agency are the patient's responsibility. All rights reserved by Greenville Endodontics.

Signature of the Patient/Parent/Guardian (If patient is a minor)

Date:

Witness Signature

Endodontist's Signature