

South Jersey Endodontics, PA

2001 E. MARLTON RIKE CHERRY HILL, NJ 08003

Written Financial Policy

Thank you for choosing South Jersey Endodontics, PA. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa, Mastercard, American Express or Discover Card
- We offer a 5% discount to patients without insurance who pay for their treatment with cash, check or credit card upon their initial visit.
- Convenient Monthly Payment Plans¹ from CareCredit
 - o Allow you to pay over time
 - o Receive 6 months interest free financing
 - o No annual fees or pre-payment penalties

Please note:

As a specialty practice, we may only see you as our patient for one treatment visit. Therefore, payment is due at the time services are rendered. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

For patients with dental insurance we will provide you with an ESTIMATE based on the information provided to us by your insurance company. This estimated portion is due in full at the time of your treatment. We use the information provided by your insurance carrier to estimate your out-of-pocket portion of payment. If the insurance payment is less than the estimated amount, any balance due will be billed to you or any overpayment will be refunded². Refund checks are issued twice monthly. If your insurance is a managed care plan, you are required to see a provider within that network.

It is your responsibility to know if you have this type of insurance plan and to provide our office with the required referral. If you have dual insurance please understand the entire balance may not be covered by both insurance plans & you may receive a bill for any remaining balance. Many insurance plans have a non-duplication clause, which means the secondary will not duplicate payment with the primary insurance.

If at any time you have any questions regarding fees, treatment or payment or would like to apply for Care Credit, please do not hesitate to ask. We are here to help you get the treatment you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹ Subject to credit approval

² If we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.