

Metropolitan Endodontics

Office Policies:

Credit / Insurance Policy:

To avoid any misunderstandings and to allow us to best serve our patients, we would like to clarify the following:

All accounts are due and payable at the time of your visit unless arrangements have been made with our business office. On accounts that have established arrangements, payment is due upon receipt of statement.

Accounts that become delinquent may be subject to collection activity, and a late fee may be added to cover the cost of additional handling required. NSF checks will be subject to a \$25.00 fee. This ensures that we are not penalized for treatment already rendered on those who do not pay on time.

If you have an insurance claim pending, you will receive a statement each month for the outstanding balance of your account. Any insurance coverage outlined by our staff is only an estimate based on the best information we have available and we are not responsible for the reimbursement covered by your individual policy. We cannot accept responsibility for collecting an insurance claim or for negotiating a disputed claim. Insurance reimbursement is a contract between you and your carrier. You are responsible for payment of your account within the usual limits of our credit policy.

You are responsible for charges incurred due to termination of insurance, changes in insurance due to retirement or a job change, children no longer covered under parental plans as well as all deductibles and co-pays. It is your responsibility to inform us of any and all changes to your coverage.

It is not our intention to cause undue hardship, however we must collect our receivables as efficiently as possible in order to continue to service the community.

For your convenience, we are able to arrange alternate funding arrangements for you through CareCredit, should you qualify, which would allow you to pay over a 6-month period at a small fee to us and at no interest to you. Please inquire for details or go to www.carecredit.com

Missed appointments:

We will attempt to confirm all appointments but we are not responsible for reminding you about your upcoming appointments.

We require 48 hours' notice to cancel or reschedule appointments. Any appointments failed, cancelled or rescheduled with insufficient time will be subject to a cancellation fee.

We reserve the right to reschedule any appointments to which the patient is more than 15 minutes late as we will not have enough time to properly provide treatment and our other patients who arrive on time will not be penalized for other who have arrived late.

Emergency appointments:

We pride ourselves on being able to assist our referring doctors with their emergency needs. However, all emergency appointments are being scheduled on an “as time permits” basis and you will be seen as soon as the schedule for our regular patients permits. Emergency appointment times are an estimate and *we appreciate your patience.*

Cell Phones:

We kindly ask that all cell phones be silenced in the waiting room and be turned off once you enter the treatment room. Phone calls can be distracting to the doctor and disruptive to other patients. Thank you for your consideration.

Minors:

By, Law, we cannot treat anyone under 18 years old without a parent or guardian present.

I have read and accept the policies and terms outlines above. I agree that in the event that additional costs and/or fees are incurred in connection with the collection of my account, I will pay all such costs and fees, including collection costs, attorney fees and all court costs.

Patient or Guardian (minors only) sign below:

Name & Date (Please Print):
