

## FINANCIAL POLICY

Payment for services is due at the time services are rendered. Please check which of the following payment options you would like to use:

\_\_\_\_\_ Cash (5% Courtesy if paid in full on initial visit)

\_\_\_\_\_ Personal Check

\_\_\_\_\_ Credit Card

\_\_\_\_\_ Care Credit (Interest free financing offered for 6 months with approved credit)

In the event a decision is made to refer any or all of your account balance to an outside collection agency, a 50% collection fee will be charged to the patient. Should this decision be made by Lake Oconee Endodontics, I have been informed prior to services being rendered.

\_\_\_\_\_  
Patient or Patient's Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## DENTAL INSURANCE

We will gladly assist you in receiving maximum benefits provided by your dental carrier. You must understand this is only an estimate. As a general rule, if your insurance pays 80% usual and customary, we will collect 40% of our fees. If your insurance pays 50% of usual and customary, we will collect 70% of our fees. This is necessary because endodontic fees by a specialist are higher than the insurance industry's computation of usual and customary. The expertise and advanced technology used by our Endodontist justify higher fees. Should there be a difference after your insurance pays, we will either send you a refund or bill for the balance. For all procedures less than \$200, we require 100% payment at the time of service.

## CONSENT FOR ENDODONTIC TREATMENT

I understand root canal treatment is a procedure to retain a tooth, which may otherwise require extraction. Although root canal therapy has a very high degree of clinical success, it is still a biological procedure, so it cannot be guaranteed. I, the undersigned, have been informed that I require an endodontic procedure (root canal treatment) and that I fully understand the following:

- Failure to follow this recommendation will most likely result in: a) The loss of the tooth b) Bone destruction due to an abscess c) Possible systemic (affecting the whole body) infection
- A certain percentage (5-10%) of root canals fail, and they may require re-treatment, Periapical surgery, or even extraction.
- During instrumentation of the tooth an instrument may separate and lodge permanently in tooth, or an instrument may perforate the root wall. Although this is rarely occurs, such an occurrence could cause the failure of the root canal and the loss of the tooth.
- When making an access (opening) through an existing crown or placing a rubber dam clamp, damage could occur and a new crown would be necessary after endodontic therapy.
- Successful completion of the root canal procedure does not prevent future decay or fracture.
- Temporary fillings are usually placed in the tooth immediately after root canal treatment. Teeth which have had root canal treatment will require a permanent (outside) restoration. This may involve a filling or more extensive restorative work (pins, post, crown build-up, crown) depending on the clinical status of the tooth.

I understand that a series of appointments will be necessary to complete the root canal therapy, as well as other appointments for restoration. I am also aware that I may have continuing temporary symptoms throughout the treatment. Those symptoms may include: Swelling, Drainage, Pain, Fever, Infection, and Numbness.

There are risks involved in administration of anesthetics, analgesics (pain medication) and antibiotics. I will inform the Doctor of any previous side effects or allergies.

**Note: Antibiotics may decrease the effectiveness of birth control medication. Additional methods of birth control should be used while on antibiotics.**

\_\_\_\_\_  
Patient or Patient's Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date