

# Land of Lakes Endodontics, PA

## Financial Agreement Record

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At Land of Lakes Endodontics, we believe everyone deserves access to exceptional endodontic care. We are committed to providing the highest quality treatment while offering reasonable and transparent costs. Before any procedures begin, we will provide you with a detailed treatment plan outlining the anticipated costs of your specific care. This is only an estimate and is based on the information that you and your dentist provide to us. *Payment for your estimated balance is due at the time of your appointment unless other financial arrangements are made in advance.*

### Payment Options:

- Pay in full day of service (**for those without dental benefits**) for discount. We will extend 5% bookkeeping savings for cash, debit, or check payments. There will be a \$40.00 fee for any returned checks.
- Credit Card. If you pay with credit card, no cash bookkeeping savings will be extended.
- Care Credit. For your convenience, we offer financing through Care Credit. Applications are available in our office, or you may apply online at [carecredit.com](http://carecredit.com) or call 800-365-8295.

**For patients with dental insurance:** Dental insurance is a contract between the patient and the insurance company. We will submit a claim on your behalf, and will assist and help you collect any benefits available to you. It is the patient's responsibility to provide accurate policy information. Even though we use codes that are universally standard and accepted by the American Dental Association, dental insurance companies sometimes have exclusions on their coverage plans. Therefore, we can in no way guarantee payment by any insurance company. All estimates given are based on information gathered from your insurance company the day of service and are subject to change. Coverage may vary based upon whether your deductible has been met, annual maximum of the plan, or if other procedures have recently been submitted.

If we are **out of network** with your insurance company, in many cases we can submit claims on your behalf. We will request that you pay for treatment at the time of service and we will refund you any difference we receive.

Any overpayment made by you will be refunded through our clinic within 30 days of final payment by your insurance company. You will be refunded by the same method that was used for payment at time of service. If a credit card or Care Credit was used, you will receive a statement indicating the amount refunded to your account. If your insurance company paid less than we estimated, you will be responsible for the remaining balance.

All accounts must be paid in full within 30 days from the date of service. This includes balances incurred by untimely insurance payment (s) and/ or insurance denials. All accounts over 60 days will be turned over to a collection agency unless other payment arrangements have been made. If untimely insurance payments are received while the account is in collection, the patient and/or responsible party will be held liable for all finance charges and collection agency fees.

**Patients with Medicare:**

With proof of Medicare, you will receive a 15% contractual discount (no other discounts apply). Payment in full is required on the date of service. This applies only to patients without dental insurance.

Our commitment is to ensure that your endodontic care experience is positive and stress-free. Your understanding of our payment options is important to our professional relationship. We encourage you to discuss any questions about your treatment plan, costs, or financial options you may have with our friendly and knowledgeable staff.

We look forward to welcoming you to our practice!