

Financial & Professional Policy

Welcome to District Endodontics!

We pride ourselves on our patient-centered practice. We do everything possible to make dental visits pleasant for our patients. In our continuing efforts to provide comprehensive dentistry to you, our valued patients, we ask that you become acquainted with our financial policy. If at any time you have any questions, please feel free to ask our team members, so that we may better serve you.

All recommended treatments are in the best interest of our patients. We will assist you in your payment options to help you receive the highest quality of dental care treatment that is necessary for your needs. Please note that no two mouths are alike. We customize your treatment to suit your needs.

Dental Insurance

We accept assignment of estimated insurance benefits as a courtesy to our patients. Please note that your dental insurance is a contract between you and the insurance company. It is not a contract between the dentist and the insurance company. Our usual and customary fees, which are based on our geographical area, are a reflection of our commitment to excellence. All estimated co-pays and deductibles are due at the time of service.

We strive to submit all insurance claims within 48 hours. However, we have found that some insurance companies do not reimburse us within an adequate timeframe. After 30 days, we will re-submit the claim as an added courtesy to you. If the claim is still not paid 60 days later, you will be responsible for the total amount. We strongly recommend that you follow up with your insurance company to ensure prompt processing of claims.

Balances remaining after sixty (60) days may accrue interest and may be sent to a collection agency.

District Endodontics will accept secondary dental benefits per the guidelines of the respective insurance companies. We recommend that you read your policy carefully to be fully aware of any rules and restrictions that may apply to your dental benefits. District Endodontics will not accept secondary dental benefits from HMOs or Reduced Fee dental plans.

In the event that insurance does not cover your treatment or is cancelled/terminated for any reason, or cannot be verified for any reason, the patient or responsible party will be responsible for the entire fee amount including the insurance portion.

Emergency patients

Please note that our policy requires verification of insurance. In the event that we are not able to verify your insurance information, payment will be due at the time of service. We will assist you in submitting a claim to your insurance company, so that the insurance company will reimburse you directly for your visit. If the insurance payment is sent to our dental center, any applicable credit will be refunded to the patient.

Appointments Cancellation Policy

We reserve appointment times especially for you and for your dental care needs. We strive to give each patient a courtesy call one to two days in advance of their scheduled visit. However, you are expected to keep your appointment time with or without the courtesy call. Therefore we ask your consideration and that you kindly give 24-hour notice if you are unable to keep your appointment. Please note that if 24-hour notice is not given, there may be a \$75 per hour for a broken appointment fee. A broken appointment is a loss to yourself, your dentist, his team members, and to another patient who could have had that appointment time. We reserve the right to terminate your relationship with our office after 2 (two) or more broken appointments without 24-hour notice.

Patient Identification

We require a **picture** ID for all patients over the age of 18 (driver's license, school ID or military ID).

Preferred Method of Payment

For your convenience we accept Cash, ATM/Check cards and all Major Credit Cards (American Express, MasterCard, Visa, Discover), and Checks (with proper I.D.). There will be a fifty dollar (\$50) returned check fee applied to your account in the event that the bank denies your check for any reason. Payment will be expected within 48 hours of notice from the bank, in cash or by credit card.

As an added courtesy we also offer a revolving line of credit through a third party (upon credit approval). This line of credit allows you to start treatment today and spread payments over a comfortable period of time.

***Our fees are explained and disclosed prior to receiving any treatment plan or services. Our fees are reasonable and commensurate with the knowledge, skill, experience and service provided by our dentist and staff.**

Deposit

We may require a deposit to be made to hold any appointment time

Refund policy

1. Once services are performed, refunds cannot be made for those services.
2. All electronic payments will be refunded within **ten (10) business days**, not including weekends and holidays.
3. All cash and check payments will be refunded, by company check, within **thirty (30) business days**, not including holidays
4. A "Release of Claims" form must be signed before refunds are issued.

Agreement to pay

In the event there is a default of payment on any balance due, District Endodontics will make all necessary collection efforts to secure the balance due. This may include reporting a delinquency to a credit report agency and taking legal action. Any additional costs incurred will be charged to the patient or responsible party.

Agreement to resolution of concerns

By signing for, and accepting this policy, I understand that I am entering into a contractual relationship with District Endodontics for professional care. I further understand that meritless and frivolous claims for medical/dental malpractice have an adverse effect upon the cost and availability of healthcare, and may result in irreparable harm to a healthcare provider. As additional consideration for professional care provided to me by District Endodontics, I, the patient/guardian and/or my representative agree not to advance, directly or indirectly, any false, meritless, and/or frivolous claim(s) of medical/dental malpractice against District Endodontics.

Furthermore, should a meritorious medical/dental malpractice case or cause of action be initiated or pursued, I (the patient) and/or my representative agree to use expert witness(es) who practice primarily in the same specialty as the dentist. Furthermore, I agree that these expert witnesses will be members in good standing of and adhere to the guidelines and / or code of conduct defined for expert witnesses by the Dental Board of the District of Columbia.

In further consideration for this, the dentists at District Endodontics agree to the same stipulations.

Patient/guardian and District Endodontics acknowledge that monetary damages may not provide an adequate remedy for breach of this Agreement. Such breach may result in irreparable harm to District Endodontics reputation and business. Patient/guardian and District Endodontics agree in the event of a breach to allow specific performance and/or injunctive relief.

Patient Printed Name: _____

Patient Signature: _____

Date: _____