



Office Financial Policy

Thank you for choosing our office for your dental needs. We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care you need and deserve that allows you to enjoy a healthy, beautiful smile with respect to your budget.

During your first visit we will discuss the probable number of visits, their length, and the fees involved. Endodontic fees vary case by case and are dependent upon the tooth and the complexity of treatment required. Endodontic fees usually range from \$1,000 to \$2,000 and we ask your care to be paid for at the time of treatment.

Patients Without Insurance Coverage

For your convenience, we gladly accept all major Credit and Debit Cards, Cash and Money Orders. We are also pleased to offer Care Credit to help you finance your investment in your teeth. Our office offers 6 months No Interest payment plans for those who qualify. You may visit www.CareCredit.com for further information and to apply.

Patients with Dental Insurance

We are "in-network" providers for BlueCross BlueShield of Alabama and Georgia, Delta Dental, Southland, and United Healthcare. However, we will be glad to prepare and submit dental insurance claims, and/or assist in making insurance collections, for all our patients with insurance benefits, except for Humana and Lincoln Financial which will require treatment payment in full and a claim will be filed on your behalf for reimbursement sent directly to you.

Please note your dental benefits are based upon a contract made between your employer and an insurance company. We will do our very best to verify your insurance benefits prior to treatment, but if you have any questions regarding your dental benefits please contact your employer or insurance company directly. Dental insurance companies will often not divulge patient's personal insurance arrangements; therefore, East Alabama Endodontics can only estimate benefits to be paid.

It is important you recognize the insurance you have is a legal contract between YOU and YOUR insurance company. Our office is not, and cannot be, a part of that legal contract. Ultimately, you are responsible for all charges incurred in our office.

For other insurances, we provide care as an "out-of-network" provider for most open access or traditional plans. We will happily work with you to confirm your insurance benefits and estimated co-payment.

We will gladly accept your estimated portion of the treatment fee and bill your dental insurance. There are many factors involved in estimating your insurance reimbursement accurately (see below). In the unlikely event your insurance does not pay the estimated amount, our office will contact you to inform you of the remaining balance due and prompt remittance will be expected.

Those with "in-network" dental insurance:

We will estimate the portion your insurance is going to pay. Since this varies for each individual, usually 20-50% of the cost of the procedure is required at the time of service. We will bill your insurance for you. Please keep in mind, however, insurance companies routinely indicate coverage verification does not guarantee payment.



If your insurance pays more than the estimated amount, a refund check from this office will be mailed within 2 months from the date payment is received in this office.

If your insurance pays less than the estimated amount, you will receive a statement from this office. We usually do not send monthly statements so prompt attention is greatly appreciated!

NOTE: If your insurance company does not reimburse us after 2 submissions, you will be responsible for the remainder of the balance since we were unable to collect from your insurance company.

Understanding Your Dental Insurance

Your dental plan is designed to share in your dental care costs. It will not cover the total cost of your treatment. Most plans cover between 20 to 80 percent of endodontic services. Sometimes, needed services are not covered at all.

Generally, a dental benefit plan is a contract between your employer, or plan sponsor, and a third party (insurance company). These contracts vary widely. There are many ways in which dental plans are designed and how reimbursement levels are determined. You need to know how your dental plan is designed -- and its limitations.

UCR (Usual, Customary and Reasonable)

These plans pay an established percentage of the dentist's fee or pay the plan sponsor's "customary" or "reasonable" fee limit, whichever is less. Although these limits are called "customary," they may not reflect the true value of the service that a dentist provides. As a result, it may be noted on your bill the fee a dentist has charged you is higher than the reimbursement levels of UCR. Keep in mind, there is no regulation as to how insurance companies determine reimbursement levels, resulting in wide fluctuation. In addition, insurance companies are not required to disclose how they determine these levels.

Annual Maximums

Your plan purchaser makes the final decision on "maximum levels" of reimbursement through the contract with the insurance company. Your annual maximum may be unknowingly exceeded or nearly exceeded when we provide an estimate of your endodontic treatment.

Treatment Exclusions

Your dental plan may not cover certain procedures that are required for the appropriate treatment of your unique situation. This does not mean these treatments are unnecessary.

Our Bottom Line on Insurance

The factors stated above make determining the reimbursement level of your insurance very difficult to estimate accurately. We will assist you to the best of our ability in obtaining the maximum benefits from your insurance. **We will only recommend treatment according to what is best for you, not according to your insurance benefits.**

I understand and acknowledge these terms.