

## CHARLESTON ENDODONTICS FINANCIAL POLICY

At Charleston Endodontics, we accept and file all traditional dental Insurances. We will always do our best to help you maximize your benefit while providing the highest quality care. As a service to our patients, we will contact your insurance company, obtain benefits and file claims accordingly. We strive to inform you of any benefits to which you are entitled. Each policy is unique and may have limitations or special stipulations which your insurance company may not share with us. Your insurance company has no obligation to provide us with these details and all information obtained by us is **ONLY AN ESTIMATE**. Your estimated out-of-pocket is due when services are rendered.

We offer several different payment options: **CASH, CHECK, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS**. We also offer monthly payment plans via financing by **CARECREDIT: 6 months no interest**. All checks returned for insufficient funds will incur a \$30 fee and balance will be due in full, with cash or a cashiers check only, within 10 business days.

**I UNDERSTAND I AM ULTIMATELY RESPONSIBLE FOR THE TOTAL FEE OF SERVICES RENDERED. ANY BALANCE ON MY ACCOUNT AFTER INSURANCE HAS PAID IS DUE WITHIN 14 DAYS. ANY INSURANCE CLAIM NOT PAID WITHIN 60 DAYS IS MY RESPONSIBILITY. ANY UNPAID BALANCE REMAINING 90 DAYS AFTER TREATMENT IS COMPLETED MAY BE TURNED OVER TO A COLLECTION AGENCY.**

**Signature of Responsible party:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Relationship to patient (mother, father, legal guardian):** \_\_\_\_\_

### CONSENT FOR ROOT CANAL THERAPY

The following may be experienced during and/or after root canal therapy:

- Possible damage to existing restorations (including Fillings, Crowns, & Bridges)
- Post-operative discomfort lasting for a few hours to several days for which medication will be prescribed if deemed necessary by the doctor.
- Post- operative swelling of the gum area in the vicinity of the treated tooth or facial swelling, either of which may persist for several days or longer.
- Infection
- Trismus (restricted jaw opening) which usually lasts several days but may last longer
- Failure rate of 5-10% (If failure occurs, treatment may have to be redone, root-end surgery may be required or the tooth may have to be extracted).
- Breakage of root canal instruments during treatment which may in the judgement of the doctor be left in the treated root canal or require surgery for removal.
- Perforation of the root canal: instruments which may require additional surgical corrective treatment or result in premature tooth loss or extraction.
- Premature tooth loss due to progressive periodontal (gum) disease in the surrounding area.

I understand that following root canal treatment my tooth will be brittle and must be protected against fracture by placement of a crown (cap) over the tooth. This requires me to return to my general dentist's office for placement of a permanent restoration. No warranty or guarantee of success has been or can be given in root canal therapy. I have read the above statements in this consent form and will question any of the above I do not understand.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_