



EAST COAST E N D O D O N T I C S

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Payment Information

If you have dental insurance we will work hard to help you receive your maximum allowable benefit. In order to achieve this goal we need you to take the necessary steps to understanding your insurance plan. There being so many different providers and plans, it is impossible for us to know all of our patients' benefits. It is very important for you as a dental insurance policy holder to be aware of the plan benefits, deductibles, and exclusions. Plan benefits can be obtained by calling your dental insurance company. We will gladly discuss your proposed treatment and answer any questions that you may have relating to your insurance. You however, must be aware that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
2. Most insurance companies have a yearly deductible that is your responsibility to pay.
3. Most insurance companies only pay a percentage of the cost (such as 50% or 80%) and you will be responsible for the remainder.
4. Not all services are a covered benefit in all contracts. It is important for you to contact your insurance provider and ask if there are any clauses or waiting periods.
5. As a courtesy to you, our office will submit claims to your insurance provider. If for any reason the claims go unpaid you will be responsible for all charges.

If you have any questions regarding this information, or any uncertainty regarding insurance coverage please don't hesitate to ask us, we are here to help you in any way we can.

Fees may be paid in the following manner:

- 1.) Patients without dental insurance will be required to pay one-half of the fees at the beginning of treatment and the balance at the completion of treatment. If treatment is completed in one appointment, payment is due in full at completion of treatment, unless other arrangements have been made prior to the appointment.

2.) Patients with dental insurance: The co-payment is to be paid at the time of treatment and all insurance claims are payable directly to East Coast Endodontics. When all insurance claims have been received, if there is an additional amount due a statement for the balance will be mailed to you, to which payment is expected in full. Ultimately, all unpaid balances are the patient's responsibility.

If root canal therapy was initiated but the tooth was found to not be restorable and extraction is required, you will not be charged for root canal treatment. However there is an estimated fee of \$ 300.00, which may or may not be covered by your insurance. **Payment is expected in full at the time of treatment.**

We accept Visa, MasterCard and American Express. Payments by Cash or Check are always welcome.

Please Note: Accounts will be turned over to a collection agency if the balance is not paid in full within 60 days.

I have read and understand the above.

Signature _____

Date _____

Insurance Information

Today's Date ___/___/___ Insurance Subscriber Birthdate ___/___/___

Insurance Subscriber Name:

First _____ Middle _____ Last _____

Subscriber Relationship to Patient: ___Self ___Husband ___Wife ___Mother ___Father

Subscriber Social Security Number ___-___-___

Insurance Company Name _____

Group Plan Name _____

Subscriber ID _____

Insurance Company Address _____

City _____ State _____ Zip _____

Insurance Company Telephone Number _____

AUTHORIZATION TO PAY BENEFITS:

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE DENTAL OFFICE OF EAST COAST
ENDODONTICS FOR SERVICES RENDERED. I UNDERSTAND I AM RESPONSIBLE FOR ALL FEES
REGARDLESS OF INSURANCE COVERAGE.

X _____

Signed (Patient or Parents of Minor Child)

Your signature will be maintained as 'signature on file' so that you do not have to sign insurance forms after each visit.

Welcome to Our Practice!