

# CLEAR LAKE ENDODONTICS, P.A.

Saqib Qamar D.M.D.

Welcome to our office. We hope that this information form will answer some of your questions about our office's financial and insurance policies.

**Payment is expected at the time service is performed.** We accept cash, personal checks with proper identification (subject to approval), Visa, Mastercard, or Discover only. The charge for your initial consultation and diagnostic exam will be between \$55.00 and \$125.00. As insurance company policies vary on coverage for specialist consultations, **all patients are asked to pay for their initial visit regardless of their insurance involvement.**

**Regular Indemnity Insurance:**

If you have traditional indemnity insurance to help you with payment for your dental treatment, we will be glad to help you receive the benefits from your insurance company. Your insurance company is a third party, and may assist you in payment; we will bill them as a courtesy to you. If your insurance company does not respond within 45 days, we will look to you for payment. **Our treatment is rendered to you, therefore you are the responsible party.**

Most insurance companies have their own schedules of "allowable charges" for each procedure, and they may not be the same as the actual charges in our office. Because of this difference, we ask that you pay **30-50%** of the fee. Based on our experience with your insurance company, we will calculate your co-pay as closely as possible. **Insurance companies will not guarantee phone quotes,** but we can submit a pre-estimate for written verification for you.

**Dental Plans:**

There are a few companies that have limited benefits in our specialty office. After the type of treatment is determined, we can advise you of your responsibilities under each plan.

**Extended Payments:**

We do not have "in-house" financing for extended payments. We do, however, have applications for payment plans from Care Credit. If qualified, you can extend your payments through Care Credit for 90 days with no interest. **This financing program must be in place prior to your treatment appointment.**

**Collection:**

Most of our patients are very conscientious about their accounts, but occasionally we have difficulty with collection. If an account is delinquent and cannot be cleared within 90 days, it will be reported as a bad debt with the Credit Bureaus, and will become a part of your credit history until it is cleared. We prefer not to use a collection service, but **if circumstances make it necessary for us to pursue a collection account, all collection fees, attorney fees and interest at the rate of 18% per annum may be added.**

If you need to cancel or change your appointment, please give us 24 hours notice. There will be a \$50.00 charge for **failed appointments.**

**Our entire staff is committed to providing you with the best possible dental care, and we will be happy to assist you in any way we can. If you have questions, please don't hesitate to ask.**

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**I ACCEPT FULL FINANCIAL RESPONSIBILITY FOR THE SERVICES RENDERED TO ME BY THE STAFF AT CLEAR LAKE ENDODONTICS, P.A. I HAVE READ, UNDERSTAND, AND AGREE TO THE POLICIES OUTLINED ABOVE.**

Date \_\_\_\_\_

Signature \_\_\_\_\_

I authorize the release of any information relating to this claim to my insurance carrier.

Date \_\_\_\_\_

Signature \_\_\_\_\_

I hereby authorize payment directly to CLEAR LAKE ENDODONTICS, P.A. of the group insurance benefits otherwise payable to me.