

Financial Policy

Thank you for choosing Forest Hill Endodontics. Our goal is to provide you with optimal dental care where patients feel welcomed and valued. We wish to inform you of our office financial policy. Please read and sign below.

Payment options

- Cash/Check/Credit and debit cards
- Care Credit (third party financing)

Insurance

Your insurance is a contract between you and your insurance company.

- Forest Hill Endodontics will verify and file your insurance. Although we may ESTIMATE what your insurance may pay, it is the insurance company that will make the final determination of your benefits. We do NOT guarantee the accuracy of any estimate of benefits relating to the patient's plan or rendered treatment. You are responsible for payment of any portion of the charges not covered by your insurance.
- We collect the estimated copayment on the date of service.
- We will refund any overpayment and send statements for any balances due. Payment in full is due upon receipt of our statement.

Collections

- Once the insurance payment is received, we will send out a statement. If the account is not paid in full within 60 days, the account will be placed with a collection agency. The patient is responsible for any fees incurred with the collection agency.
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I understand that payment is due on the date of service. There is a fee of \$50 for any returned checks.

I have read and understand the financial policy of Forest Hill Endodontics. If applicable, I hereby assign all dental benefits to which I am entitled. I hereby authorize and direct my insurance carrier to issue payment directly to Dustin Reynolds, D.D.S., P.C. I hereby authorize the release of any information necessary to the insurance carrier regarding my treatment in order to process the claim.

Signature of patient, parent, or guardian: _____

Printed name: _____

Date: _____