

## FEES AND INSURANCE INFORMATION

### FEES

Your fee will depend on the difficulty of treatment. Fees range from \$1400-\$1900 per tooth. Surgical fees and Retreatment fees are in addition to conventional Root Canal Therapy, if necessary. -THERE WILL BE A CONSULTATION FEE CHARGED FOR PATIENTS THAT VISIT/CONSULT WITH THE DOCTORS.

### INSURANCE AND PAYMENT INFORMATION

#### HOW MUCH OF MY TREATMENT WILL MY INSURANCE COVER?

- While coverage varies with different insurance policies and deductibles, reimbursements for approximately one half of all charges is common. (**Delta, United Health Care and Blue Dental Insurance** holders are required to pay their co-insurance and deductible at every visit).
- Please keep in mind that our fees are higher than the "usual and customary" fees that most insurance companies consider.
- If you have any questions regarding your individual coverage, please contact your insurance company.

I hereby accept the below treatment and authorize release of any information to this claim. I request the payment of authorized benefits be made on my behalf if I pay in full or I assign the benefits to which I am entitled to this practice. This assignment will remain in effect until revoked by me in writing.

A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges rendered, whether or not paid by an insurance carrier, and balances over 30 days will be charged a monthly service charge fee (1.5% interest) for each month the balance is carried.

### DENTAL INSURANCE INFORMATION

OUR OFFICE IS IN -NETWORK WITH DELTA DENTAL, UNITED HEALTH CARE, AND BLUE DENTAL INSURANCE BENEFIT PLANS.

### PAYMENT INFORMATION

#### WHEN DO I PAY FOR MY TREATMENT?

- We appreciate and expect payment on the day your treatment is completed. Usually only one appointment is necessary. Please let us know in advance if you are using the Care Credit payment plan.
- If an outstanding balance is not paid within 30 days from your last treatment date, your account will be assessed a 1.5% finance charge per month on the outstanding balance. Accounts older than 90 days will be turned over to a collection agency.
- We accept MASTER CARD, VISA, DISCOVER, and CARE CREDIT. Please make other financial arrangements with your financial institution. There will be a charge for returned checks.

**CRAWFORD ENDODONTICS, P.L.L.C.**  
**LANCE W. CRAWFORD, DDS, MS & JONATHAN F. CRAWFORD, DDS**  
515 Grand Ave, Suite 102 Ames, IA 50010  
515-232-2090

I HAVE READ AND UNDERSTAND THE OFFICE POLICY:

X \_\_\_\_\_ DATE \_\_\_\_\_