Rhode Island Endodontics
Usman Fazli, DMD
Diplomate, American Board of Endodontics
Fellow of Royal College of Dentists Canada

Financial Policy

PATIENT INFORMATION

First Name		Last Name		Birth Date	

Payment is expected at the time treatment is performed.

As a courtesy to our patients with dental benefits, we will submit your claim to your insurance company. Any portion not expected to be covered by these benefits is the responsibility of the patient and due at the time of service. This amount will include deductibles and co-payments. If benefit amounts are less than expected, you will be billed for the difference. In the case that overpayment is made, all refunds will be processed back to the original form of payment, except cash payments will be refunded by check

Dental benefits are contracts between the policy holder and the insurance company, not our office.

We will make every effort to assist you with any benefit questions, however, we suggest that you be aware of what benefits you have available. Ultimately, you are responsible for the balance.

Dental insurance usually does not cover the total cost of your treatment.

Based on your plan, we usually can estimate the amount of your co-payment. When treatment is rendered, your co-payment will be expected at that time. **If your insurance company fails to pay within 60 days after we submit your claim, you will be responsible for the full fee. I also understand that if my account becomes delinquent, I am responsible for an administrative fee of $150, not including any court or attorney fees.**

FORM COMPLETION

By signing below, you understand and accept the terms of our Financial Policy.

Signature of	❑ Patient ❑ Legal Guardian	❑ Parent ❑ Agent Under Durable Power of Attorney	
Printed Name	*First Name*	*Last Name*	
Signature of Patient, Parent or Guardian		**Date**	