

Apopka Endodontics

Dr. Ericka Ferguson

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Office Financial Policy

I authorize the dentist to release any information including the diagnosis and the record of any treatment or examination rendered to me during the period of such dental care to third party payers and/or other health practitioners.

I authorize and hereby request my insurance company to pay directly to the dentist (or the dental group) insurance benefits otherwise payable to me.

I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment for all services rendered on my behalf or all behalf of my dependents.

Fees: All fees are payable at the time of service including insurance deductibles and insurance estimated copayments.

Insurance: We do accept most dental insurance assignment for dental services, however, the patient is legally and financially responsible for all cost of dental services regardless of dental insurance coverage. If the insurance company does not pay within 60 days from the date the claim was filed the account becomes due and payable by the patient. It is the patients' responsibility to notify us immediately regarding any changes to benefit coverage. If the insurance company denies a claim the patient is legally and financially responsible for any services rendered.

REMEMBER: We will give a tentative estimate of the patients' copayment. This is only an estimate based upon information the insurance company provided to our office. We have no influence or control over your insurance policy or insurance company. If the insurance carrier does not pay as much as we have estimated the patient is fully responsible for the balance. The patient understands that the insurance benefits are not a substitute for payment by the patient.

Overdue Fees: Please be advised that should your account be turned over to a collection agency all costs to collect overdue fee, as allowed by law, will be your responsibility, including collections cost and/or attorney's fees. Thank you.

I have read and understand all of the above

Signature: _____ Date: _____