



**Office Policy Regarding Patient Financial Responsibility & Important Information**

◆ Providing quality dental care for our patients is our primary concern. Should an emergency arise, for your convenience, our answering service will contact Dr. Ro by phone and email 24 hours a day, 365 days a year.

◆ The following outlines our financial policy. Please read and sign below to acknowledge that you have been advised of your financial responsibility for dental services provided by our office.

We would be happy to provide further clarification if necessary.

**Payment Policy:**

◆ **We do not bill for payment or participate with dental insurance plans. We collect payment in full at the time of service.**

For your convenience, we accept the following methods of payment:  
**Cash, Personal Checks, Visa, MC, AMEX, Discover or CareCredit.**

We understand this may differ from the policy of your general dentist, but due to the limited number of visits we have with you, we feel this policy will be mutually beneficial.

**Dental Insurance Policy:**

◆ If you have dental insurance, we will gladly and promptly file the claim on your behalf and request that payment be forwarded to you directly by your insurance carrier.

Please note: After we file your claim, we are not informed of claim status. Therefore, we encourage our patients to contact the insurance directly to ensure that the claim was in fact received and properly inputted into their system. Also, if your insurance carrier mistakenly forwards the payment to us, please be assured we will immediately contact you to forward the payment.

**I have read this policy and understand that I have full financial responsibility for payment of dental services provided by Apex Endodontics, and hereby assume and guarantee payment of all expenses incurred during my office visit. Should legal action be required to secure payment of this account, I agree to pay the legal expenses incurred by this office.**

\_\_\_\_\_  
**Patient's Printed Name**

\_\_\_\_\_  
**Signature of Patient/Responsible Party**

\_\_\_\_\_  
**Date**