



*CONTEMPORARY ENDODONTICS  
SAJU GEORGE, D.M.D  
12 Roszel Rd, C-200  
Princeton, NJ 08540  
Telephone: (609) 987-0772*

### Financial and Insurance Information

(under HIPPA Rule)

We will be glad to help you obtain the appropriate benefits from your dental insurance carrier and will accept assignment of benefits. It's the patient's (parent or guardian) responsibility to supply this office with the appropriate information to request the benefits. While we are familiar with most insurance plans, **it is the patient's (parent or guardian), responsibility to be familiar with your dental policy and benefits,** with special reference to things like limits to yearly benefits and Endodontic procedure coverage. We will be happy to submit requests for pre-determination of any Endodontic procedures and can also call the benefits department to get the procedure coverage over the phone but it is not a guarantee of benefits. Insurance logo is "benefits quoted over the phone is not always a guarantee of benefits".

**We do not assume any responsibility for an insurance company's refusal to pay,** even though benefits quoted over the phone is 100% covered for some Endodontic procedures and the same may not cover when the claim reach the department. **Any fees not covered by your dental insurance are the patient's (parent or guardian) responsibility.** There are portions of the fee which may not be covered due to co-payment requirements or deductible and are the patient's responsibility. You should be informed about these provisions from your insurance.

The patient assumes the financial risk for the procedure. If any issues arise with the root canal that leads to loss of the tooth, there will be no refund of monies transacted for the procedure.

If a follow-up is needed after a root canal procedure, there will be a separate charge for that which will be submitted to your insurance at the time of the follow-up.

**Appointments cancelled without 24 hours advance notice will be subject to a \$50.00 cancellation charge per missed appointment.** A \$20.00 processing fee will be assessed for returned payment/checks.

**Appointment reminder calls from our office are made as a courtesy to the patient.** It is the patients responsibility to know the date and time of their appointment.

We do not charge interest on payment except if the account is referred for collection. If your account is referred for collection, you will be responsible for collection costs, together with court cost and reasonable attorney's fees.

I agree to the terms and conditions

\_\_\_\_\_  
Signature of Patient (parent or Guardian)

Date: \_\_\_\_\_