



Practice Policies

Insurance

We know that understanding insurance coverage can be challenging. Our goal is to assist our patients in making the most of their benefits. Insurance plans can differ in their covered services and the amounts that they will cover for those services. While we will do our best to provide patients with an estimate of what insurance will cover, we never know exactly how much a specific insurance will pay. We are committed to recommending and providing the treatment that is in the best interest of the patient's health, not what is covered by dental insurance. We encourage all patients to become familiar with their insurance policy.

As a courtesy to patients:

- Our office will file insurance claims and request benefit payment be allocated to our office.
- We will provide an estimate of costs for treatment prior to the appointment.
- We will follow up on claims not paid within 45 days of submission.

Our expectations for patients:

- Patients are expected to pay any fees that are not covered by insurance at the time of services rendered.
- Patients should understand that the insurance policy belongs to the subscriber, as such we have no leverage to obtain payment from insurance carriers.
- Patients are responsible for payment if the insurance company does not pay within 90 days.
- Patients will keep our office informed of any changes in insurance coverage

Scheduling

All patients will be scheduled for an evaluation appointment. While we make every effort to provide treatment in one visit, there is no guarantee of same day treatment. Procedures such as retreatments and surgeries will always be scheduled as evaluations and a second appointment will be made for treatment.

Our office strives to stay on schedule to minimize patient wait times. Due to the nature of our practice wait times may be extended. We appreciate our patients' courtesy and understanding during those times. Patients can be assured that the same level of care will be provided to them during their appointment.

As an endodontic practice we provide care for patients that are in pain and often in need of immediate treatment, this makes our appointments very valuable to our patients. When cancellations occur without notice other patients lose the opportunity to receive the treatment they need. We require 48 hours of notice if a patient needs to cancel or reschedule an appointment. If a minimum of 48 hours notice is not given, a cancellation fee of \$75.00 for evaluation appointments and \$150.00 for treatment appointments will be incurred. Any appointment cancelled with less than 24 hours of notice, or a missed appointment will incur a fee of \$250.00 or 15% of the total treatment, whichever is greater. Cancellations must be made during business hours, cancellations made after hours the day before a scheduled appointment or over the weekend are not considered to be within 24 hours as the office is closed. A patient that fails to keep multiple appointments will be required to pay a non-refundable deposit for the total of the appointment cost prior to scheduling an appointment; the deposit will be applied to the patient portion and will be forfeited in the event of a missed appointment.

We are committed to providing our patients with the highest quality endodontic care, your cooperation in keeping your scheduled appointment is greatly appreciated.

Financial

Tirrell Endodontics is committed to providing you with the best possible care. In order to achieve our goal, we need your assistance and understanding of our payment policy.

- The fee for treatment is based upon the complexity of the procedure. Fees will be quoted prior to the start of treatment.
- It is the policy of our office that payment in full be made at the completion of treatment.
- Patients with dental insurance are required to pay their estimated patient portion and fees not covered by insurance at the completion of treatment.
- For your convenience we accept cash, checks, MasterCard, Visa, Discover, or American Express. Additionally, we have partnered with CareCredit to offer our patients flexible payment plans to fit their individual needs and financial circumstances.

Please sign and date below to acknowledge that you have read and understand the Tirrell Endodontics policies. If you have questions regarding any of these policies, please ask one of our front office staff.

Signature: _____ Relationship to patient: _____

Patient Name: _____ Date: _____