PRO ENDO

Milos R Janicek, DMD  Craig L Cedermark, DDS

PROFESSIONAL ENDODONTICS, LLC

The financial policy of our office is that payment is **due in full on day of service. A** credit card is required to be kept on file for our guarantee of payment. If you do not wish to keep a card on file, payment is required in full at the time of the procedure. The insurance claim will then be paid to you directly**. There is no exception to this policy.**

I authorize PROFESSIONAL ENDODONTICS, LLC to keep my signature on file and to **charge my Master Card, Visa, AX or Discover or Care Credit account for any unpaid balance within thirty (30) days of treatments or services rendered.**

If the amount is over $150 you will be informed prior to the transaction.

**AMX_____MC _____VISA_____DISC._____CARE CREDIT_____**
(6 months)

Patient's Name _____

Cardholder Name_____

Cardholder Billing Address: _____

City_____State_____Zip Code_____

Card Number:_____ Expiration Date:_____ Code_____

Cardholder Signature: _____

**We accept cash, personal checks, and most major credit cards for your initial visit. Our office accepts nearly all major insurance plans. Even though dental insurance is a private arrangement between you and your insurance company, we will file your claim, handle all paperwork, and help you to obtain maximum insurance benefits. Due to the existence of numerous insurances companies in our geographic area and the uniqueness of each plan, or estimate of the patient's insurance are simply the best estimates the patient may be entitled to. It is the insurance company's policy not to release a guarantee of benefits over the phone. All remaining balance in excess of the stated estimate is the sole responsibility of the patient and/or guarantor and will be charged within thirty days of treatment or services rendered.`

**If you do NOT have dental insurance it is the patient's responsibility to obtain the cost **prior** to your procedure.

****If your policy is out of network** with our office you are responsible for any differential that is not paid by insurance.

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