



# ENDODONTIX

DENTAL GROUP, P. A.

550 Biltmore Way, Penthouse 3B  
Coral Gables FL, 33134  
305-447-4000  
www.endodontix.com

## Financial Agreement

### Financial Options

Our practice has been established with a commitment to excellence within a pleasant, professional, state-of-the-art environment. We are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Our financial programs are designed to help make your treatment financially comfortable and to help you begin the recommended treatment immediately.

In addition to accepting all major credit cards, we have financing options available. Our Patient Care Coordinators are experts on financing and will be glad to help you with any questions or concerns you may have. Please feel free to call or email us at any time. We are pleased to offer a variety of financing options for our patients. Some options include 0% interest for 12-24 months, no initial down payment is required, no pre-payment penalty and low monthly payment options. Applying is quick and easy. Our Patient Care Coordinators will help you with your application for Care Credit or Citi Health application and submit it for you. You will have a credit decision almost immediately.

### Insurance

We do not directly participate with any dental insurance and are considered an "out-of-network" provider. If you have dental insurance with out of network benefits, we will gladly verify your dental benefits and file the claims to your primary and secondary dental insurances as a courtesy to you. We will follow up with the insurance companies to make sure you receive your reimbursement, if applicable from your dental insurance. We do not accept assignment of benefits from any insurance company as we are a fee for service office and we do ask our patients to pay in full the day of treatment for all treatment rendered. You will be informed of the total cost of treatment prior to starting any procedures.

**IF YOU HAVE ANY QUESTIONS WILL WE GLADLY ANSWER THEM. I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE. I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS.**

\_\_\_\_\_  
(PATIENT'S INITIALS)

\_\_\_\_\_  
(DATE)