



### LAKE JACKSON OFFICE

103 Abner Jackson Parkway  
Lake Jackson, TX 77566  
**Phone:** (979) 266-9490  
**Fax:** (713) 840-0605  
**E-Mail:** info@SouthwestEndo.com

### HOUSTON OFFICE

4126 Southwest Freeway, Suite 1040  
Houston, TX 77027  
**Phone:** (713) 626-8343  
**Fax:** (713) 840-0605  
**E-Mail:** info@SouthwestEndo.com

---

## FEES AGREEMENTS

---

### FOR ALL PATIENTS

The fee for your endodontic treatment is based on the specific tooth involved and the type and extent of treatment performed. Sometimes fees are discussed over the phone, however, because some details of your case may not become evident until your visit, fees quoted over the telephone can only be guidelines.

As is customary in professional offices, arrangements for payment of the fees must be made at the time of treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

### FOR PATIENTS WITH DENTAL INSURANCE

Southwest Endodontic Specialists, L.L.P., does participate in select Preferred Provider Organization (PPO) networks, but does NOT participate in any Dental Maintenance Organization (DMO), or reduced fee plans.

If you have dental insurance, we will be happy to file the insurance claim for you as a courtesy, provided we are supplied with all the necessary information regarding your insurance policy prior to your treatment. We will do everything we can to secure the full benefits of your dental insurance coverage for you.

Because of the wide variation in terms of coverage, deductibles, annual maximum, and insurance policy fee schedules and allowances among patients' dental insurance policies, it is not possible for us to know exactly what your dental insurance will cover.

- For fees totaling less than \$300.00, if you are part of a network that we do not participate in, we ask full payment by the responsible party at the time of treatment.
- For fees over \$300.00, we will do a complimentary insurance analysis to determine an estimate of your out of pocket expense at the time of treatment and do everything we can to maximize your benefits.

After your dental insurance benefits are received, if there is a credit balance on your account, a refund of the full credit balance will be sent the next business day. If your insurance carrier's payment does not cover the remaining balance, you will be responsible for the balance, and a statement will be sent to you.

If we have not received payment from your insurance company within 60 days of service, any unpaid balance will be due and payable by the responsible party at that time. After this payment has been received, we will continue to assist you in receiving your insurance benefits which will then be payable directly to you.

A \$25.00 per month late fee will be charged for any account that has not been paid in full within 31 days of your first statement date.

Signature \_\_\_\_\_ Date \_\_\_\_\_