

# SKAGIT ENDODONTICS

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FOR YOUR INFORMATION

We are pleased that you have been referred to this office for evaluation of a suspected endodontic (root canal) problem. If treatment is indicated we may begin the treatment on the first visit and may need additional visits to complete it. Because ours is a specialty practice limited to root canal treatment, it may be necessary for you to return to your general dentist for restoration, (i.e. crown). After our treatment is completed one of the doctors will advise you accordingly. If surgical treatment or retreatment is indicated, it is typically performed in this office under local anesthesia on a second appointment.

## PAYMENT OPTIONS

1. Cash or check in full on day of treatment.
2. VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS or CARE CREDIT on day of treatment.
3. Dental Insurance: WE ARE NOT A PPO PROVIDER WITH ANY INSURANCE CO. We will be happy to submit each insurance claim provided you furnish us with the required information. We require a copy of insurance card and subscriber information, including name, address, employer, date of birth and social security number. In order to prevent misunderstanding, we wish our patients to know that the fees for all endodontic services are the responsibility of the patient and that we do not render services based on payment or denial by insurance companies. It is not possible to positively confirm eligibility for each of our patients as the insurance policy is a contract over which we have no control. It is the responsibility of the patient to know the allowances and limitations of his or her own policy. Any difference between estimated benefits and actual payment will be the responsibility of the patient. **We require that your estimated share be paid at the time of treatment.** If any payment is subsequently made by your insurance carrier in excess of balance, we will promptly refund the credit amount to you.

Print Name \_\_\_\_\_

Date: \_\_\_\_\_ Patient Signature \_\_\_\_\_

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