



# Advanced Endodontics

JEFF BERLIN, DDS, MS BEVERLY HILLS

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## FINANCIAL AGREEMENT:

Fees for **Root Canal Treatment** vary between \$1,400 and \$2,500 depending on the severity and complexity of the case. Sometimes during endodontic treatment **cracks/fractures are uncovered** (not discoverable on dental radiographs) which may determine the tooth to be non-restorable. The fee for an incomplete root canal treatment is approximately **50% of the fee quoted** before your treatment.

Fee for **Consultation/Exam** Services vary between \$150 - \$225.

Payment is expected in full at the time services are rendered. We gladly except Cash, Checks, Visa, MasterCard, Discover, and American Express for your convenience.

**For those patients with dental insurance please read the following information below and we will gladly help clarify and discuss any questions that you may still have:**

Your insurance is a contract solely between you and the insurance company; therefore, you are responsible for knowing the rules and regulations of **your** insurance policy.

As a courtesy, our office will help in submitting PPO dental insurance claims on your behalf. However, all charges are your responsibility, regardless of your insurance benefits. Although many offices require full payment for services rendered up-front with an assignment of benefits directly to you, our office is glad to help maximize your dental benefits. As a courtesy, we will contact your insurance company and try to **estimate** the portion of payment expected for our services. You will be asked to pay your estimated portion due at the time services are rendered. You must understand that this is only an estimate and we cannot **guarantee** any estimate or reimbursement by your insurance company. For example, if you have any pending claims that process after your services here in our office, the benefits remaining will be inaccurate on our treatment plan proposal. You are, therefore, ultimately responsible for any and all balances due after insurance benefits have been processed and received by our office. If you would like a copy of your treatment plan proposal, please request a copy of this information. Dr. Berlin is contracted within various dental insurance network plans: however, it is your responsibility to inquire if your particular insurance plan is within Dr. Berlin's contracted networks.

If there is still a balance remaining after your insurance company pays us, that balance will be due and payable upon receipt of statement. If there is an overpayment and there is a credit on the account, we will gladly issue a refund on your credit card or by check.

Returned checks and balances older than 60 days are subject to additional collection fees and interest charges of 1.5% per month. If an account is turned into collections, you will be responsible for all legal fees incurred in the collection of that amount. If your insurance does not pay within 45 days of submission we ask that you personally contact them and get involved in helping with reimbursement from your carrier.

**I have read the above and understand that I am fully responsible to Dr. Berlin for any and all services rendered, regardless of insurance coverage.**

I authorize release of my personal information to a third party relating to my insurance claim.

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