

ENDODONTIC



ASSOCIATES

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FINANCIAL DISCLOSURE

Fees:

Our fees depend on variables which are often unknown until starting treatment. However, we will give pre-treatment estimates so you can have an idea before we begin. If you do not remember being given a fee estimate, please ask. Also, please be aware there is a fee for examinations and for treatments that were aborted due to a non-restorable tooth.

Payment:

Most patients receive treatment and never have a need to return. In keeping with that, we expect payment at the time of treatment. On all root canals or surgeries, we offer a 5% reduction for full payment with cash, check, or debit, and 2% reduction for full payment with credit. We also offer in house financing at no cost to you through Care Credit. A \$35.00 charge will be incurred for NSF checks.

Insurance:

As a service to our patients, we will be happy to assist you in processing claims to your insurance company if you have dental insurance. Because there are so many different plans, we cannot tell you how much your plan will cover. Please be aware all fees not covered by your insurance are your responsibility.

By signing I acknowledge I am the responsible adult with authorization to approve treatments and costs.

Signature _____

Date _____