

HARRY SINGH, DDS & ASSOCIATES

PROGRESSIVE ENDODONTICS

Caring. Comfort. Results.

Fee Schedule and Payment Policy

Root Canal Treatment

Anterior	\$ 807.00
Bicuspid	917.00
Molar	1,087.00

Root Canal Retreatment

\$ 917.00
1,027.00
1,197.00

Other Services

Consultation	\$ 80.00
Palliative	325.00

This office participates with Excellus, Cigna, MetLife, Delta, Aetna, Health Economics and Guardian and accepts insurance payment and patient co-payments as defined by the insurance company.

As a courtesy, for all patients with dental insurance, we do contact the insurance company to verify coverage. **Fees and co-payments are expected on the day of treatment, based on information provided by the insurance company.**

Note: Information given over the phone by the insurance company is **NEVER** a guarantee of payment. Only after the treatment is completed and the insurance claim is submitted is a final determination made. Any balance remaining after final payment from the insurance company is the responsibility of the patient.

- Payment for services can be made in cash, check, MasterCard, Visa, Discover and American Express
- Balances over 90 days from the original treatment date are subject to a 1.5% monthly service fee
- Cancelled or failed appointments may be charged
- There is a \$20.00 charge for returned checks. Patients will be responsible for any costs incurred in processing and collecting delinquent balances

If you have any questions, please ask the Reception Desk.

I, _____, have read and understand the above information and agree to comply with the office financial policy stated therein.

Signature _____

Date _____