

HARRY SINGH, DDS & ASSOCIATES

Caring. Comfort. Results.

Fee Schedule and Payment Policy

Root Canal Treatment

Anterior	\$925.00
Bicuspid	\$1,055.00
Molar	\$1,275.00

Root Canal Retreatment

\$1,025.00
\$1,175.00
\$1,395.00

Other Services

Consultation	\$99.00
Palliative/Incomplete	\$375.00

This office accepts most insurance carriers and is in network with Cigna, MetLife, Delta, Aetna, Health Economics and Guardian.

Out of pocket insurance estimates (co-payments) made at the time of visit are an **ESTIMATE ONLY** and are provided as a **COURTESY** to assist in managing the financial obligation.

Every effort is made to ensure the accuracy of the co-payment **HOWEVER** recent visits to your dentist (**PENDING CLAIMS**) will affect your benefits and can reduce your available benefits. Reduced benefits can **increase your of pocket costs**. Adjustments made by your insurance carrier are out of our control. Any balance due **AFTER** insurance pays is the **patient's responsibility**.

- Payment for services can be made in cash, check, and credit card.
- Balances over 90 days are subject to a 1.5% monthly service fee
- Cancelled or failed appointments may be charged
- There is a charge for returned checks. Patients will be responsible for any costs incurred in processing and collecting delinquent balances.

Fees and co-payments are expected on the day of treatment, based on information provided by the insurance company.

Signature: _____

Date: _____