



Kenneth W. Parks, D.D.S.

LAKE AREA ENDODONTICS

636 W. McNeese St. Lake Charles, La 70605

337-477-6214 Fax 337-477-6685

www.lakeareaendo.com

FINANCIAL POLICY

Every effort is made to decrease the cost of your dental care. You can help by paying upon the completion of each visit.

INSURED AND NON-INSURED PATIENTS:

1. Full payment is expected at time of appointment for **EXAMS, CONSULTATIONS AND X-RAY** services.
2. Insurance ID card or proof of insurance must be submitted prior to treatment.

NON-INSURED PATIENTS:

1. _____ Full payment is due at time of treatment.

INSURED PATIENTS: (PLEASE CHECK)

1. _____ Payment of insurances estimated responsibility due at initial root canal treatment unless the dental insurance submits payment directly to the insured. If payment is sent to the insured, then the full fee is due at the time of service.
2. _____ **Retreatment root canals** (tooth with a previous root canal). Patient is responsible for full payment upon retreatment unless a pre-treatment estimate is obtained disclosing the amount covered by your insurance company prior to starting treatment. As a courtesy of our office, the insurance claim and necessary x-rays will be submitted for you.

THE FOLLOWING METHODS OF PAYMENT ARE ACCEPTED:

Cash Check Discover Card MasterCard & Visa

It is my understanding that I am responsible for the balance that the insurance does not pay and any non-covered services.

I am also responsible for any fees incurred to this office for collection fees and/ or processing of past due accounts. **All bills are due within (30) days.** Past due accounts are subject to a 1 1/2% monthly carrying charge.

Any outside lab fees incurred for treatment rendered are also my financial responsibility.

I authorize Dr. Kenneth W. Parks (Lake Area Endodontics) office to furnish information to insurance carriers concerning my dental treatment for processing of all claims. I assign to Dr. Kenneth W. Parks all payment for dental services rendered to me or to my dependents.

I have read, understand, and agree to one of the financial policy options provided to me above.

AN OFFICE CHARGE WILL BE MADE FOR ALL BROKEN APPOINTMENTS UNLESS A 48 HOUR NOTICE IS GIVEN.

SIGNATURE _____