



WOODLANDS ENDODONTICS, P.C.

Brad Mize, DDS

Kevin Selden, DDS

Financial Agreement

- **Patients with Dental Insurance**
- You are the person responsible for the payment of services rendered, not your insurance carrier. You will be required to pay a percentage of our fee. The fee we collect is based upon the usual and customary fees set by your insurance carrier for services rendered in an endodontic specialty practice.

Please circle one of the options below to indicate your method of payment.

- Cash
- Credit Card (Amex, VISA, MasterCard, Discover and Debit Cards accepted).
- Check and CareCredit
- Because we are agreeing to collect only a percentage of our fee today, ***we need to have a method of charging your account balance if we have not received payment in full from you or your insurance company within 60 days.***
- **If you are unable or unwilling to provide us with your credit card number, we require you to pay in full for all services provided today.**

Amex, Visa, MC, Discover

<circle one>

Date

ENTER CREDIT CARD NUMBER HERE

Exp.

I have read this policy and agree to the terms and conditions stated herein.

Signature

Date