



1931 Farmerville Hwy
Ruston, LA 71270
318.255.ENDO (3636)
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www.farrarendo.com

FEE ESTIMATE AND PAYMENT AGREEMENT

- Payment is due at the time of service.
- If you are covered by insurance, please be aware that most insurance plans do not cover the entire cost of your dental treatment. Only a percentage (50-80%) of what the insurance companies are willing to pay for a particular procedure is paid. What the insurance companies are willing to pay is frequently much lower than the actual cost of treatment.
- As a courtesy, we will file your insurance for you at no charge, but please remember that your insurance contract is between you and your insurance carrier. Payment for treatment is your responsibility.
- The consultation fee is due from you today.
- Once your insurance is verified, your estimated portion will be due on the day of treatment.
- We will promptly refund any overpayment or bill you for any amount due.

How will you settle your payment today? (Please check one below)

CASH

CHECK/DEBIT

CREDIT CARD

Standard Fees

Consultation: \$95.00- \$150.00

Root Canals: Anterior - \$685.00
Premolar - \$795.00
Molar - \$950.00

Root Canal Retreatment: Anterior - \$765.00
Premolar - \$895.00
Molar - \$1,150.00

*Circumstances may arise that warrant additional fees.
(For example: calcified canals, post removal, and abscess drainage).

I hereby authorize payment of the dental insurance benefits, otherwise payable to me, directly to J. Roman Farrar, DDS, Practice Limited to Endodontics. I understand that any remaining balance on my account must be paid within 30 days of the date of the initial billing statement. I will be responsible for any accrued interest, attorney fees, and/or other collection costs that may be imposed to collect any amount due on my account. To the extent permitted under applicable law, I authorize release of information relating to my treatment.

Patient/Responsible Party Signature

Date