J. ROMAN FARRAR D.D.S.
Practice Limited to Endodontics

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FEE ESTIMATE AND PAYMENT AGREEMENT

- Payment is due at the time of service.
- **The consultation fee is due from you today.**
- 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.***
- 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: $125.00

Root Canals: Anterior - $1,005.00
Premolar - $1,125.00
Molar - $1,300.00

Root Canal Retreatment: Anterior - $1,115.00
Premolar - $1,255.00
Molar - $1,445.00

*The above fees represent the cost of root canal AND core build-up
*Circumstances may arise that warrant additional fees
(For example: post placement, soft tissue 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, if applicable.

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**