Office Policies

1. The purpose of root canal therapy is to retain teeth that would otherwise have to be extracted.
2. Treatment averages between 1 to 2 visits. We try our best to stay on schedule to minimize your waiting. Due to the fact that our practice provides emergency services, various circumstances may lengthen the time allocated for a procedure. We appreciate your understanding and patience.
3. Treatment in most cases is comfortable.
4. Successful treatment occurs in 90% of cases. The doctor will advise you if chances in your particular case are lower. This treatment, as with any medical or dental treatment, has no guarantee of success for any length of time.
5. Upon completion of endodontic treatment, you will be referred back to your general dentist so that they may restore the treated tooth with a durable onlay or crown.
6. Office financial policies:
    A. Fees vary with the number of canals per tooth and with the complexity of treatment.
    B. Regular treatment fees are payable in full upon completion of treatment. We gladly accept Visa, MasterCard, Discover, American Express, CareCredit, Check, or Cash.
    C. A return check fee in the amount of $30.00 will be assessed to any/all returned checks.
    D. 24 hour notice is required to cancel appointments. Those appointments cancelled with less than 24 hour notice will result in a $50.00 cancellation fee.

We are providers for Delta Dental only- however, we accept all insurances. As a courtesy to you, we will fill out insurance forms and bill your insurance company. However, you are expected to make an advance payment equal to the amount we've estimated regardless of your insurance coverage. Most insurance companies use a reasonable and customary reimbursement system where they determine what they *think* our fees should be based on a dentist and the zip code of 29625. Dr. Southern is a specialist, therefore his fees will be higher than a general dentist.

I have read and fully understand this statement of office policies

Patient Name: _____

Patient Signature: _____

Date: _____

Southern Endodontics
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