

For Office Use Only	Patient Name: _____			
	Last	First	M.I.	Date of Birth

GRASSI & GRASSI, P.C.

Office Financial Policy

The office financial policy has been established to prevent misunderstandings. We would like to acknowledge patients who take a responsible approach to paying for their dental care.

- At the beginning of treatment, the fee for services will be discussed. An initial payment is due on the first visit. The remainder of the fee is due upon completion of treatment. Most dental insurance companies will pay their portion directly. Any remaining balance after the insurance has been paid is due in full upon receipt of a statement from the office. If you have no dental insurance or your insurance denies coverage, you are responsible for the entire fee. We accept all major credit cards, cash, check or money order as a form of payment.
- Preauthorization from your insurance company will be provided at your request.
- If an appointment is broken or cancelled within 24 hours a charge will be applied to your account.
- Returned checks are subject to a \$15.00 service charge.
- It is understood and agreed that in the event any outstanding balance has to be referred to a collection agency or attorney for recovery, you will be responsible for all collection agency fees and attorney's fees.

Consent to Complete Endodontic Consultation, Diagnosis, and/or Treatment. Acknowledgment Of Receipt Of Notice Of Privacy Practices

1. Root canal therapy is about 95 percent successful. Many factors influence the treatment outcome; the patient's general health, bone support around the tooth, strength of the tooth including possible fracture lines, shape and condition of the root and nerve canal(s), etc. I understand that dentistry is not an exact science and success with root canals cannot be guaranteed.
2. The tooth may normally be sensitive following appointments and even remain tender for a time after treatment is completed. If sensitivity persists, and does not seem to be getting better, even several weeks after the root canal is finished, please inform us.
3. Fractures are one of the main reasons why root canals fail. Unfortunately, some cracks that extend from the crown into the root are invisible and hard to detect. They can occur on uncrowned teeth from traumatic injury, biting on hard objects, habitual clenching or grinding, or even just normal wear and tear. Whether the fracture occurs before or after the root canal, it may require extraction of the tooth.
4. Since teeth with root canals are more brittle than other teeth, the dentist will probably recommend a crown to prevent future damage. This is especially important with molar and bicuspid teeth.
5. Teeth treated with root canals can still decay, but since the nerve is gone, there will be no pain. As with other teeth, the proper care of these teeth consists of good home care, a sensible diet, and periodic dental checkups.
6. With some teeth, conventional root canal therapy alone may not be sufficient. For example, if the canal(s) are severely curved or calcified, if there is substantial or long-standing infection in the bone around the roots, or if a metal file becomes separated within a canal, the tooth may remain sensitive, therefore; a separate procedure, which is surgical, might be necessary to resolve the problem. The success rate is approximately 90%.
7. Periodontal disease. Regardless of the success of Endodontic Therapy diseases of the bone can be insidious and if proper oral hygiene is not maintained, bone loss is inevitable.
8. There are alternatives to root canal therapy. They include no treatment, extraction with nothing to fill the space, and extraction followed by a bridge, partial denture, or implant to fill the space.

I understand that dentistry is not an exact science and success with root canals cannot be guaranteed. In light of the above information, I authorize the doctor to proceed with treatment. I further acknowledge that I have read and understand the financial policies presented herein and have received a copy of the office privacy practices.

Patient or Guardian Signature: _____	<input type="checkbox"/> Patient <input type="checkbox"/> Guardian	Date: _____
Print Name: _____		
Doctor Signature: _____		Date: _____