

WEST MICHIGAN ENDODONTICS, P.C.

PRACTICE LIMITED TO ENDODONTICS
5033 WEST MICHIGAN AVENUE,
KALAMAZOO, MI 49006
(269) 375-7006 / (800) 988-6906

ROOT CANAL TREATMENT IS A BIOLOGICAL PROCEDURE WITH A HIGH DEGREE OF CLINICAL SUCCESS. WHEN PROPERLY RESTORED AND CARED FOR, TEETH TREATED WITH A ROOT CANAL HAVE A GREATER THAN 90% CHANCE OF BEING RETAINED FOR A LIFETIME.

THE SUCCESS OF ROOT CANAL THERAPY IS INFLUENCED BY MANY FACTORS, SOME OF WHICH ARE BEYOND OUR CONTROL. EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO, UNDIAGNOSABLE ROOT FRACTURES, COMPLEX ROOT ANATOMY, YOUR AGE AND GENERAL HEALTH CONDITION, THE AMOUNT OF INFECTION IN OR AROUND THE TOOTH, GUM PROBLEMS, AND PREVIOUSLY ATTEMPTED TREATMENT BY ANOTHER DENTIST. ON RARE OCCASIONS A TOOTH TREATED WITH A ROOT CANAL MAY REQUIRE RETREATMENT, SURGICAL CORRECTION OR EXTRACTION.

I HAVE READ THE ABOVE INFORMATION AND AGREE TO PROCEED WITH DIAGNOSIS AND NECESSARY TREATMENT.

Financial and Payment Information

ALL FEES ARE DUE AT THE TIME OF TREATMENT. OUR PATIENT CARE COORDINATORS WILL BE HAPPY TO ASSIST YOU WITH THESE PAYMENT OPTIONS;

- CASH OR PERSONAL CHECK*
- VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS
- CARECREDIT

*PLEASE NOTE THERE IS A FEE FOR ANY RETURNED CHECKS

FOR OUR PATIENTS WITH DENTAL BENEFITS, A CLAIM WILL BE PROVIDED FOR SUBMISSION WHERE YOU WILL BE REIMBURSED DIRECTLY. THE PAYMENT FOR TREATMENT MUST BE PAID IN FULL ON THE DAY OF SERVICE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS OR NEED FURTHER INFORMATION, WE WILL BE PLEASED TO HELP YOU.

I UNDERSTAND THE ABOVE PAYMENT AGREEMENT AND AUTHORIZE THE RELEASE OF INFORMATION NECESSARY TO PROCESS MY CLAIM AND PAYMENT TO THE ABOVE NAMED PRACTICE OF THE BENEFITS OTHERWISE PAYABLE TO ME.

SIGNATURE _____ DATE _____