



CRYSTAL LAKE ENDODONTICS

Practice Limited to Endodontics
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SPECIALIST MEMBER

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OFFICE INSURANCE POLICY

Insurance companies on an individual basis come up with “usual and customary” fees for all dental procedures. The fact is, different insurance companies have different reasonable and customary fees for the same area. Their fees do not reflect any standard care, but rather are a median fee based on fees schedules from doctors in designated areas, which can include several different zip codes. Again, this median fee does not take into consideration an individual practitioner’s own costs of operation or standard of care. Therefore, the fees are arbitrary and average rather than carefully determined.

We appreciate dental insurance, and we believe it is a wonderful supplement to a person’s dental healthcare. However, it is not meant to be a “pay all”, only a supplement. A dental plan is nothing more than a contract between the employer and the insurance company to partly pay for certain services. Deductibles and some services are paid on a percentage while others may not be covered at all. Your employer buys a contract at a specific premium and includes as many or as few benefits as the employer is willing to pay for. It is a well-known fact that the higher the premium paid by the employer, the higher the “usual and customary” fee schedule.

Our fees are set by the actual costs of doing business in this particular office. Obviously, costs can vary from office to office depending on the quality of service and many other factors. Our fees express an equitable exchange of value- fair fees for excellent services.

If you would like to know what your approximate financial responsibility will be for services rendered, we will gladly send a “pre-estimate” to your insurance company for them to review. However, this process can take six weeks or longer to receive a reply from your insurance company.

If you would rather proceed with treatment without a pre-estimate, we require a payment of 40% of the total fee at the time the service is rendered. When the insurance payment is received, any balance remaining will be your responsibility and will be due immediately.

If your insurance company has not paid your claim within 30 days, you will be responsible for the remaining balance and subject to a 1 ½% monthly interest charge. We will gladly continue to work with your insurance, and provide any information required to process the claim. In addition, should the account be referred to a collection agency, you will be liable for all attorney fees.

If you have any question, we will be happy to assist you.

My signature authorizes the release of information requested by the insurance company which is necessary to process my claim. I hereby assign payment of benefits otherwise payable to me to Anupama Sridhar D.D.S. I understand that I am financially responsible for all charges not covered by my insurance company.

Signature of Insured/Guarantor _____ Date _____