



# “THE ROOT CANAL GUY”

Andrew J. Krygier D.M.D



American Association  
of Endodontists  
Specialist Members



DENTAL  
TEAM

## Insurance Payment Authorization

As a courtesy to our patients, our office will help file insurance claims. However, we are not responsible for what the insurance company does or does not pay. If this office is able to accept your insurance company’s assignment, it does not absolve the patient of full responsibility for the full charges of the treatment rendered. Dental claims are submitted promptly after treatment is rendered, in most cases electronically on the same date of service, and if not paid by the patient’s insurance company by the 61<sup>st</sup> day after treatment, the patient will be billed in full. I understand that the balance is subject to a finance charge of 1.5%, 18% annually, if not paid within 30 days of statement date.

Our office does not accept Secondary (Dual) Insurance Policies, but we will provide you with the necessary information to bill your secondary insurance.

I, \_\_\_\_\_ hereby authorize payment of the dental plan benefits payable directly to Dr. Andrew J. Krygier D.M.D.. I understand this does not absolve me from full responsibility for the full charges of the treatment rendered. Once the insurance company has paid, if there is a remaining balance, a statement will be mailed and payment in full will be due upon receipt of the statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_