

**Megan Jurecko Gracy, D.M.D.      Kevin R. Jurecko, D.D.S., P.A.**

**PRACTICE LIMITED TO ENDODONTICS**

**1204 NW 69th Terr., Suite C**

**Gainesville, FL 32605**

**P:352-332-3788**

**Toll Free 1-866-3636 (ENDO)**

**2086 SW Main Blvd., Suite 113**

**Lake City, FL 32025-0005**

**P:386-758-6050**

The following information sheet provides answers to some of our patients' most frequently asked questions. It also clarifies our more important office policies. Please read carefully and initial at the bottom .

1. Endodontic (Root Canal) Therapy is that specialty of dentistry devoted to the saving of teeth in which the pulps or nerves are effected. The only alternative to Endodontics is to have the tooth removed.
2. Complete treatment averages between 1-2 visits. A small opening is made in the biting surface of the tooth and pulp tissue is removed. The canal or canals are then cleaned out, shaped, and filled with a rubbery type material called gutta percha and the opening is closed with a temporary filling material. We make every effort to complete the procedure in one appointment.
3. While treatment is not uncomfortable (most of our patients equate it with having a filling placed), reactions can occur such as tenderness or swelling following the appointment. While these reactions may tend to prolong treatment, they do not change the chance of success and these complications do not occur routinely. Please contact our office if you have a problem. Our telephone is answered 24 hours a day either by office staff or our answering service.
4. Treatment will not be initiated unless there is a very good chance for success. While there is no absolute certainty concerning the healing of body tissues, we expect it to occur in approximately 95% of cases. Should the chance of success be estimated below this average, you will be informed before the treatment is instituted.
5. When Endodontic Therapy is completed, your tooth will require a permanent restoration that will be either a filling or a crown (to be decided by your referring dentist). Our fee does not include this procedure. If your tooth already has a crown, there is a possibility the crown will have to be re-made after Endodontic Therapy. Your general dentist will render this service which is mandatory for the preservation of the tooth. Please schedule an appointment with him/her as soon as possible after your last appointment with us. Failure to have your tooth restored immediately can result in loss of the tooth or the necessity to redo the Endodontics at an additional fee. We cannot be responsible for a tooth lost due to fracture after treatment.
6. Most patients appreciate knowing our business policy, and the following information is related to our fees.

**A. Insurance Policy**

1. The complete financial responsibility of patients treated in our office will be assumed by the patient.
2. If you have dental insurance, we expect your company to verify your Endodontic coverage and pay their portion within 30 days of completion.
3. If we bill your insurance company, we expect you to pay your estimated portion of the fee at the completion of the first appointment.
4. If we do not receive payment from your insurance company within 30 days for any reason we expect you to pay the balance and deal directly with your company.

**B. ALL fees are payable during or upon completion of treatment. Occasionally, difficult situations require additional appointments.**

**C. Fees once quoted remain the same, except when surgery or retreatment is necessary.**

**D. We make every effort to complete treatment in one visit. When multiple visits are necessary, 1/2 the fee is due at the completion of the first visit, and the balance due at the final visit.**

The total fee of your Endodontics will be \_\_\_\_\_. There is an additional \$ \_\_\_\_\_ fee for any tooth with previous endodontic treatment. To avoid misunderstanding concerning payment of fees, and to help our office staff assist you courteously and efficiently, please indicate the method of payment you will use.

\_\_\_\_\_ I will pay full amount now, if treatment is not completed I will pay 1/2 today and the balance upon completion.

\_\_\_\_\_ I will pay the estimated difference between my insurance coverage and the fee at this time.

\_\_\_\_\_ I will utilize MasterCard, Visa, Discover, or American Express.

If you have any questions, please ask the receptionist.

So we will know you have had sufficient time to read this form, please initial here \_\_\_\_\_.