

Endodontic Associates, P.A.

Practice Limited to Endodontics

HERBERT N. GUTENTAG, D.M.D.

Specialty License No. 2042

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MARK J. GELBAND, D.D.S.

Specialty License No. 2957

WELCOME TO OUR PRACTICE

Our office participates with several insurance companies. Please provide your insurance information prior to your visit and one of our staff members will look up your insurance plan information. Your out of pocket estimate is due at the time of your treatment. We do our best to get your accurate portion however, it is an estimate and not a guarantee of payment. You may still have an additional balance after your claim is processed.

Our office policy if you do not have insurance is payment in full at the time services are rendered. If you request a payment plan, we will only offer this option through CareCredit.

We will be happy to provide you with an insurance statement upon request. This form, attached to your insurance form, can be submitted to your insurance company for possible reimbursement if we are not in network with your insurance company.

Fee Schedule

Molar	\$1750.00	Re-treatment Molar	\$1950.00
Premolar	\$1600.00	Re-treatment Premolar	\$1850.00
Anterior	\$1350.00	Re-treatment Anterior	\$1650.00

An additional fee may apply for post removal

Consultation fees range from \$150.00 to \$175.00

The fee for Nitrous Oxide Analgesia (laughing gas) is \$85.00 per appointment when administered.

Surgery fees vary according to the procedure. The doctor will be happy to discuss this with you after the consultation visit.

For your convenience *we accept Visa, MasterCard, American Express, Discover and CareCredit.*

SIGNATURE _____ DATE _____