

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. You're out of pocket estimate is due at the time of treatment. We do our best to get your accurate portion however it is only 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 dental 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 your possible reimbursement if we are not in network with your insurance company.

Fee Schedule

Molar	\$1795.00	Re-treatment Molar	\$1995.00
Premolar	\$1695.00	Re-treatment Premolar	\$1895.00
Anterior	\$1525.00	Re-treatment Anterior	\$1725.00

An additional fee may apply for post removal

Consultation fee \$175.00

CBCT scan fee \$250.00 and is not covered by insurance.

Nitrous Oxide fee \$85.00

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

SIGNATURE _____ *DATE* _____