

## Endodontics of the Hudson Valley

305 Titusville Road

Poughkeepsie NY, 12603

Phone: (845) 246-5222

Fax: (845) 246-1080

**Welcome to our office. It is our goal to make your endodontic therapy a pleasant experience, while giving you the highest quality treatment available.**

Our fee schedule is as follows:

<b>Consultation:</b>	\$100.00
<b>Root Canal Therapy:</b>	
Anterior	\$800.00
Bicuspid	\$900.00
Molar	\$1000.00
<b>Retreatment:</b>	\$100.00 (additional)

If you have dental insurance, all co-pays are to be paid in full at time of service.

If you do not have dental insurance, payment for service is due in full at time of service.

We offer the following payment options: Cash, Check and Credit Cards.

By signing below, you authorize assignment of your insurance rights and benefits directly to Dr. Magdalena Goralczyk DDS for services rendered. The patient is responsible for any unpaid balance not paid by the insurance company including co-pays, deductibles, and any charges denied or not covered by the insurance company. Your care may be subjected to a pre-authorization by your insurance company and you accept all responsibility for charges that may not be covered.

You may refuse to consent to the use or disclosure of your personal health information, but it must be in writing. Under this law, we have the right to refuse treatment, should you refuse to disclose your personal health information.

I agree to the terms as stated above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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305 Titusville Road  
Poughkeepsie NY, 12603  
Phone: (845) 246-5222 Fax: (845) 246-1080

Payment arrangements are requested at the time of your visit.

The following options are accepted at our office:

- Payment by Cash
- Payment by Check
- Payment by Credit Card

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Please print your full name here

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Signature

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Date