

Written Financial Policy

Thank you for choosing Ronald Blackhurst DDS. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

You can choose from:

- Cash, Check, Visa, MasterCard, American Express or Discover Card
- Convenient Monthly Payment Options¹ from CareCredit Healthcare Credit Card
 - Allow you to pay over time
 - No annual fees or pre-payment penalties

Sometimes misunderstandings occur between patients, staff members and the dentist concerning a patients insurance coverage and the dentist's charges. To avoid any miscommunication concerning our office policies, we have addressed the following for your convenience.

Our office is happy to assist you in filing your insurance claims. To do this, we will need you to provide us with information that is relevant to your claim, such as insurance address, policy number, employer birth date, etc. Please do your best to provide us with complete and accurate information. All claims for service will be filed within 24 hours unless you request otherwise. **ANY INSURANCE BALANCE LEFT UNPAID AFTER 60 DAYS BECOMES YOUR RESPONSIBILITY.**

Please be prepared to pay for services at the time of your visit. If you belong to a preferred provider dental program we ask that you pay your estimated insurance portion in full at the time of service. Many companies have fixed allowances or percentages based on YOUR contract with them, not with our office. It is your responsibility to pay the deductible, estimated portion and any other balances not paid for by your insurance.

We cannot be responsible for determining your actual dental eligibility for benefits, pre-existing clauses, exclusion clauses, disallowed services, waiting periods, etc. **YOU SHOULD CAREFULLY REVIEW YOUR DENTAL POLICY.** If you have any questions concerning your dental insurance requirements and coverage please contact your insurance carrier or employer.

We are happy to provide you with an ESTIMATE of the fee for services you require. The final balance after your insurance pays may vary from our estimate due to your insurance payment percentages based on the contract you have with them. We base our fees on the complexity of the problem, the level of dental expertise, as well as the amount of the time we devote to your care. Please let us know if you have any further questions. Thank you.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹Subject to credit approval

²However, if we do not receive payment from your insurance carrier within 30 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.