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Written Financial Policy

PLEASE READ THROUGH POLICY COMPLETELY

Thank you for choosing Black Diamond Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. At the onset of treatment, we will provide you with an estimate of the total fees expected. Please understand that this will only be an estimate. Treatment needs can change for a variety of unforeseen reasons. Whenever possible, we will inform you of any treatment changes that will affect your financial estimate. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering payment options. We will always recommend treatment based upon your dental needs, not based on dental benefit coverage.

Payment Options:

You can choose from:

-Cash, Check, Visa, MasterCard or Discover Card

We offer a 5% cash discount to patients who pay for their treatment with cash

- -Convenient Monthly Payment Options from CareCredit Healthcare Credit Card (subject to credit approval)
- •Allows you to pay over time
- No annual fees or pre-payment penalties

Please note:

Black Diamond Dentistry requires payment as treatment is rendered. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

We charge 1% interest on all accounts with a remaining balance after 60 days.

An account is past due after 90 days without payment and will then be turned over to a collection agency.

A fee of \$45.00 is charged for patients who miss or cancel more than 1 time in a calendar year without 48-hours notice.

Yancy T Sipes DDS PS charges \$30.00 for returned checks.

Please be aware that any parent bringing a child to our office is legally responsible for payment of all services rendered. We do not bill "absent parties" for deductibles and non-covered fees.

Dental Benefit Coverage:

For patients with dental benefit coverage we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. We do not have access to accurate benefit information unless you provide us a copy of your dental benefit plan. When estimating dental benefit coverage, we must also stress the word estimate as dental benefits are determined by each patient's dental contract. Every patient's dental plan is different, and necessary dental services are not necessarily covered. Most dental plans are designed to assist patients with their dental expenses. If your dental plan pays less than expected, a balance due will be reflected on your monthly statement.

If your dental plan later determines that you were not eligible for coverage, the balance becomes your responsibility. If we do not receive payment from your dental benefit carrier within 60 days, you will be responsible for payment of your treatment fees. Not all dental services are a covered benefit in all contracts. It is your responsibility to know your benefits.

If you have any questions, please do not hesitate to ask. We are here to help you get the dental care you want or need.

I, ______ accept full responsibility for this account. I authorize my insurance company to pay my dental benefits directly to the practice of Black Diamond Dentistry. I understand that any dental plan estimate given by this office is not a guarantee of actual payment or coverage and realize the practice is not responsible for the outcome of the transaction from the insurance company. I also understand that I am responsible for all charges incurred for dentistry performed upon me and my dependents. Any dental benefit claim not paid in full after 60 days will become my responsibility at that time.

Patient, Parent or Guardian Signature	Date	
Staff Signature	 Date	