BLACK DIAMOND DENTISTRY

31527 5TH Avenue
Black Diamond, WA 98010
360-886-1300

Written Financial Policy

Thank you for choosing Black Diamond Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. We will always recommend treatment based upon your dental needs, not based on any dental benefit coverage.

Payment Options

We accept payments of:

-Cash, Check, Visa, MasterCard, Discover Card, or CareCredit.

-CareCredit Healthcare Credit Card is a convenient out of office monthly payment option (*subject to credit approval*) and there are no annual fees or pre-payment penalties. *If interested in CareCredit, please ask for more information.*

Please note:

It is important that we have the correct phone numbers, addresses, and insurance information on file at all times. This is our only means of contacting you, processing insurance and for billing. We do courtesy reminder calls, texts, and emails for upcoming appointments but would also like our patients to responsibly remember appointments. **Please initial below for the mutual understanding of each of our policies, thank you**.

-Black Diamond Dentistry requires payment same day as treatment. If one treatment area is planned to take several appointments we will collect at the first visit. _____
-If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received. _____
-We charge .75% monthly (9% annual) interest on all accounts with a remaining balance after 60 days, regardless of insurance payment delays. _____
-An account is past due after 60 days without any payment at which time we begin the collection process. _____
-A fee of $75.00 per hour of scheduled appointment time is charged for patients who miss or cancel without a 48 hour notice, more than once in a calendar year. (*with the exception of an illness or emergency)*
-15 or more minutes late, is considered a missed appointment and the short-notice fee will be charged. _____
-Black Diamond Dentistry charges $35.00 for returned checks. _____
-Please be aware that any parent bringing a child to our office is legally responsible for payment same day of all services rendered.-Please make arrangements for payment of a dependent's appointment before arriving or the same day as appointment if a parent is not going to be present for their appointment. _____
-We do not bill "absent parties" for deductibles and co-payments. _____

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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. If your plan pays less than expected, a balance due will be reflected on a billing statement or collected at the next visit.

If your dental plan later determines you were not eligible for coverage, due to eligibility issues, exclusions, or limitations, 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 covered and it is your responsibility to know your benefits.

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 I 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 myself and my dependents. Any dental benefit claim that is not paid in full after 60 days will become my responsibility at that time.

Signature of Patient, Parent, or Guardian **Date**

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