

DAVID J. BLACKMAN DDS
400 N. Gary Ave Carol Stream, IL 60188
630-260-1700 Phone 630-260-1777 Fax
www.davidblackmandds.com

Financial Policy

Our primary goal is not to allow the cost of treatment to prevent you from benefitting from the quality care you need or desire. In our office, we strive to maximize your insurance allowance and make any remaining balances easily affordable.

Our fees are based on the quality materials we use and the time, effort and skill required in performing your needed treatment. We charge what is the usual and customary fees for our area. We will assist you with your benefit eligibility before treatment to help you calculate your costs and maximize your insurance. We will be sensitive to your financial circumstances and do everything possible to help you achieve oral health. Ultimately, however, YOU are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

We are happy to submit the claims necessary to see that you receive the full benefits of your coverage; however we cannot guarantee any estimated coverage. Because the insurance policy is an agreement between you and the insurance company, we ask that all patients be directly responsible for their portion at the time of service.

We accept the following forms of payment: Cash, Check, Visa, MasterCard, Discover, and Amex. In addition, we offer CareCredit, a patient payment program offering a full range of No Interest Payment Plans.

Payment for services is due at the time services are rendered unless prior arrangements have been made. Checks that are returned to our office from your financial institution are subject to a \$25.00 returned check fee. This fee covers the processing fees that are charged to our office.

We would be happy to discuss our charges and how they relate to your particular situation. We also realize that temporary financial situations may affect timely payments of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. Most often, financial misunderstandings can be managed with a phone call. Failure to contact us regarding such situations could result in past due fees applied to your account.

You understand and agree that in the event any unpaid balance is placed for collections by our office with any third party collection agency and/or an attorney, all collections costs, including but not limited to reasonable attorney fees, filing fees and court costs will be paid by you.

Thank you for understanding our Financial Policy.

RESCHEDULING/CHANGE IN SCHEDULE POLICY

Our practice is dedicated to quality care and exceptional service. Our doctors and team spend extensive amounts of time preparing for your visit. Broken or missed appointments create scheduling problems for our team as well as other clients. If you find that you must change your appointment, we require a minimum of 48 hours' notice so that we may make every effort to accommodate other clients. If proper notice is not received, a fee of \$55.00 will be charged to your account for the allotted time cancelled.

I have read and agree to the Financial Policy and the Cancellation Policy of Dr. David Blackman DDS.

Signature of Patient or Responsible Party

Date