

**James M. Blake, D.D.S.**  
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## **Our Financial Policy**

Thank you for choosing out office for your dental care. We are committed to your successful treatment. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign.

WE ACCEPT Master Card, Visa , Discover, Cash and Personal Checks.

All accounts are considered payable upon completion of service.

The amount your insurance does not cover is due at time of service. Regardless of insurance coverage, all accounts must be paid within 60 days of service. Should you need financial arrangements for payment of your account, our staff will be happy to assist you.

We will file your insurance claim as a courtesy. If the account is not paid in full the day of service, we ask that the assignment of benefits be signed. Please do not hesitate to ask any questions regarding your account! We want you to be comfortable in dealing with these matters and we urge you to consult us if you should need any questions answered regarding our policies.

Dental insurance is rapidly playing a larger and larger role in helping people obtain dental care. Since we strongly feel our patients deserve the best possible care, we would like to share some facts about dental insurance with you .....our patient.

1. Most dental insurances are not meant to PAY ALL COSTS. They are meant to be an aid to payments.
2. Our office is committed to providing the best treatment for our patients and we charge what is Usual and Customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

If you desire, we accept Care Credit, a finance company that offers 6 months interest-free financing. Please consult our staff if this is something you are interested in participating in.

Due to high bank fees, there will be a \$15.00 charge for returned checks.

Overdue accounts will incur finance charges.

Please be advised that if your account becomes past due and is referred to a collection agency or an attorney, you will be responsible for all collection, attorney, or court costs.

Children are most welcome in our practice! We require signed parental consent for exam and treatment of all minor children, in addition to the presence of a parent or legally responsible adult during their visit. The parent who brings the child is ultimately responsible for payment.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy.

X \_\_\_\_\_  
Signature of Patient of Responsible Party

Date \_\_\_\_\_

