

# Leland S. Blough Jr., D.M.D., Ltd.

33 COLLEGE HILL R SUITE 5A | WARWICK RI, 02886 | (401) 828-3688

## Written Financial Policy

Thank you for choosing Leland S. Blough Jr., D.M.D., Ltd.. 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.

### Payment Options:

You can choose from:

- Cash, Checks, MasterCard® or Visa®
- Convenient Monthly Payment Options<sup>1</sup> from CareCredit Healthcare Credit Card
  - o Allow you to pay over time
  - o No annual fees or pre-payment penalties

Please note:

Leland S. Blough Jr., D.M.D., Ltd. requires payment at the beginning of your treatment.

For plans requiring multiple appointments, alternative payment arrangements may be provided.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.<sup>2</sup>

A fee of \$75 is charged for patients who miss or cancel more than 1 time in a calendar year without 72-hour notice.

Leland S. Blough Jr., D.M.D., Ltd. charges \$45 for returned checks.

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

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)

<sup>1</sup>Subject to credit approval

<sup>2</sup>However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.