



**Blake Nelson DDS**  
**Cosmetic, Implant and Sedation Dentistry**  
3066 Trenwest Dr. Winston-Salem, NC 27103  
(336)760-1277

## **Blake Nelson DDS Financial Policy**

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policies which we require you to read and sign prior to any dental services being rendered.

### **Regarding Your Dental Insurance**

- This office, as a courtesy, processes your insurance claims at no cost to you and allows only your deductible and a co-payment of balance to be paid for procedures (i.e. fillings, crowns, extractions) as opposed to paying the entire cost at the time of the visit.
- **Any balance due to insurance plan limitations or denial of coverage is your responsibility payable within thirty days.**
  - Any payment made by your insurance company in excess of the balance on your account will be refunded to you.
- **Patients with Delta Dental and Blue Cross Blue Shield of NC insurance will be asked to pay in full at the time of your appointment and you will be reimbursed in the mail after we file the paperwork for you.**

### **Payment Options**

We accept cash, check, Visa, MasterCard, Discover and Amex at check out the day treatment is rendered. We also offer payment options for larger treatment plans and for treatment requiring several appointments. We will discuss all payment options during the treatment-planning phase and will offer a description of all services with detailed fees and sequencing.

### **Missed Appointments**

Please help us serve you better by keeping scheduled appointments. Each appointment is a time reserved specifically for you. Unless cancelled at least 24 business hours in advance, habitually or repeatedly missed appointments will be charged a \$50 fee. We understand that occasional emergencies arise or scheduling mistakes happen and will certainly work with you in these situations.

Thank you for understanding the necessity of our financial policy. Please let us know if you have any questions or concerns regarding any of the above.

I have read, understand and agree to this financial policy.

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(Signature, if under 18, please have responsible party sign)

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(Date)

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(Printed name and relationship, if not patient)