

Bellingham Bay Dental

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Written Financial Policy

Thank you for choosing Bellingham Bay Dental. 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, Check, Visa, MasterCard or Discover Card

We offer a 5% courtesy discount to patients who prepay for their treatment or pay in full for their treatment at the time of service, cash, check or credit card prior to completion of care

-We can also arrange with you a pre-payment plan. Please inquire for further details.

- Convenient Monthly Payment Options¹ from CareCredit Healthcare Credit Card

- Allow you to pay over time
- No annual fees or pre-payment penalties
- 6 or 12 month interest free payment options available. Some restrictions apply.

-Payments may be made in-office, over the phone or through your online patient portal.
www.patientconnect365.com

Bellingham Bay Dental requires payment prior to the completion of your treatment.

Dental insurance is helpful in assisting with the cost of your dental care. Our goal is to partner with you to maximize your dental benefits. It is important that you understand your individual insurance plan. Ask your employer for your dental benefits booklet and read it carefully. This will explain your benefits (maximum, deductible, co-payment and exclusions). As a courtesy, we will preauthorize your treatment and bill your insurance. We will do our best to estimate your insurance payment and your co-payment for future treatment. Please remember that these are only estimates, you are ultimately responsible for the full cost of any dental care performed in this office.²

A fee of \$75 is charged for patients who miss or cancel without 48 hour (2 business days) notice.

Bellingham Bay Dental charges \$25 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 and need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹Subject to credit approval

²However, if we do not receive payment from your insurance carrier within 120 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.