

DAMIAN D. BLUM D.M.D., P.A  
10132 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MD 21042

## DENTAL INSURANCE AND FINANCIAL OPTIONS

### PATIENTS WITH DENTAL INSURANCE

We are committed to providing our patients with not only the highest quality of dental care but with exceptional service. It is our pleasure to assist you with any questions you may have in regards to understanding your dental benefits. We do not participate with any insurance companies. We will be contacting your insurance carrier to get a breakdown of your benefits prior to your first visit. When you arrive please feel free to ask us to discuss your dental benefits with you. It is our hope that our patients will have a better understanding of their dental benefits.

Unfortunately, dental benefits are not as plentiful as say your medical insurance may be. Most patients that have dental insurance usually have a yearly maximum of \$1000.00-\$2000.00 per calendar year and we will do everything to help you maximize your dental benefits and reduce your out of pocket expense. Remember that your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract; our relationship is with you. If you are unhappy with your benefits or the amount of coverage you are receiving from your insurance company that is something that you will need to discuss with your human resource department at your place of employment. Our dental fees are generally considered to be usual customary and reasonable for this region.

Not all services are a covered benefit under your contract. When this occurs you will be responsible for the full payment to cover the procedure. Most insurance companies cover preventative services at 100%, basic services at 80% and major services at 50%. Your co-pay will be due at the time of service. We offer several different payment options and we are always willing to work out a financial plan for larger cases.

### PATIENTS WITHOUT DENTAL INSURANCE

You are responsible for full payment of all dental treatment and payment is to be made at the time of service unless other arrangements have been previously discussed.

We accept the following forms of payment:

- Visa
- MasterCard
- Cash

- Check
- Discover
- Care Credit

Please feel free to contact Heather at 410-465-3224 with any questions you may have. We look forward to helping you with anything you may need in the future!

PATIENTS WITH INSURANCE, PLEASE SIGN BELOW

PATIENT: \_\_\_\_\_

I understand that I am fully responsible for any balance not paid by my insurance company.

RESPONSIBLE PARTY: \_\_\_\_\_

( If the patient is a minor, a parent or legal guardian signature is required.)

DATE: \_\_\_\_\_

PATIENTS WITHOUT INSURANCE, PLEASE SIGN BELOW

PATIENT: \_\_\_\_\_

I understand that full payment is due at the time of service unless other arrangements have been previously discussed.

RESPONSIBLE PARTY: \_\_\_\_\_

( If the patient is a minor, a parent or legal guardian signature is required.)

DATE: \_\_\_\_\_