
Blackstone Valley Dental Associates

12 Main Street Blackstone, MA 01504
(508) 883-1050

Payment Policy

Thank you for choosing Blackstone Valley Dental Associates as your dental health care provider. We are committed to the success of your dental treatment and we want to provide you with the best service available. To help reduce our administrative costs and keep our fees to you as low as possible, we ask that you make payment at the time you (or your family members) receive treatment. Please indicate below the method of payment that you intend to use.

Self Pay Patients

I will pay for dental services received by:

- Cash or Check
- Credit Card (Visa, MasterCard, Discover, American Express)

Please keep a record of my credit card number and automatically charge my account accordingly.

Credit Card_____ #_____ Exp. Date_____

- CareCredit

Patients with Dental Insurance

Dental insurance usually does not cover the total cost of your treatment. Based on the specifics of your dental insurance plan, BVDA can estimate the amount of your co-payment at the time of your visit and payment will be expected.

I will pay my co-payment by:

- Cash or Check
- Credit Card (Visa, MasterCard, Discover, American Express)

Please keep a record of my credit card number and automatically charge/reimburse my account accordingly.

Credit Card_____ #_____ Exp. Date_____

- CareCredit

* CareCredit is an outside financing/extended payment plan available to our patients. For more information, inquire at the business office.

Authorized Signature

Date