

James H. Mulkey, D.D.S., P.C.
101 East Park Blvd., Suite 475
Plano, Texas 75074
Phone(972)423-4834
Fax (972)423-2570
www.bmpdentistry.com
e-mail: info@bmpdentistry.com

The fees we charge are based on the particular procedures which are required based on your individual diagnosis. A treatment plan will be provided to you after an exam and diagnosis has been completed. Your particular insurance plan may or may not cover some procedures based on your insurance plan provisions. If you are concerned with your policy's coverage you may request a pre-treatment estimate to be filed with your insurance carrier prior to treatment. We do participate with several insurance company's as a preferred provider. Please ask in regards to your plan and if we participate. You may also check with your individual insurance company which will be able to provide you with current plan information and a list of current participating providers. Many insurance carriers do allow you the freedom to choose your dental provider which would allow you to see the dentist of your choice. We are more than glad to accept assignment of benefits and submit your insurance claims for you, but we do ask that if you have any questions regarding a claim or benefits that you contact your insurance company since you are the policy holder.

Financial arrangements are required prior to treatment and payment is expected at time of services.

Forms of payment include:

_____ Credit Cards accepted: Visa, MasterCard and Discover

_____ Care Credit

_____ Restorative dental cases where fees exceed \$500.00, and insurance is not involved, a 5% discount will be offered if treatment fee is paid in full either by check or cash prior to beginning treatment.

_____ Direct payment of insurance benefits otherwise payable to the insured will be accepted, if patient pays their estimated portion not covered by insurance at the time of treatment.

I agree to the above financial arrangements and understand the implications. I understand that I am responsible for payment of services rendered. Accounts which become delinquent, due to non-payment over 90 days, will be turned over to a collection service.

Signature _____ Date _____