



Office Financial Policy

Our Financial Policy is exclusively for Buffalo Dental Implant and may differ from any other dental offices.

The following is an explanation of our financial policy. We believe that a clear definition of our policy will allow us to concentrate on the most important issue, regaining and maintaining your oral health. We will be happy to answer any questions you may have regarding our financial policy and your account.

Patients are expected to pay for our services at the time they are rendered. Our patients who have dental insurance are expected to pay the amount of their estimated co-pay and deductible at the time of service. Payments may be made using cash, check, or credit card. We also offer CARECREDIT and WELLS FARGO, which are financing options that are available for healthcare expenses.

Should you have health insurance, it is your responsibility to provide us with complete, accurate, and up-to-date information in order for us to successfully bill your insurance company. You are responsible to pay applicable deductible, copayments, coinsurance, outstanding balances, and/or any portion the insurance determines the insured is responsible for at the time of service. If Buffalo Dental Implant participates with your insurance company, your maximum bill will only be for the contracted fees.

Buffalo Dental Implant is not responsible if your insurance company decides to approve or deny payment for any services rendered at this office. Buffalo Dental Implant will do everything possible to help obtain payment by your insurance but, is not responsible if a claim is denied. In this instance, you are fully responsible to pay all charges, at the time of service.



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If you do not have health insurance or for any other dental insurance that Buffalo Dental Implant is not contracted with, you will be required to pay all charges out of pocket, at the time of service.

Promise to Pay: Amounts for dental services provided to you and your family members may be charged to your account, unless specified otherwise. You promise to pay all amounts owed on your account under the terms of this financial policy. If you have insurance, the amount you owe for services may be estimated based on the amount expected to be paid by your insurance company. We will assist you with an insurance claim; however, the contract is between you and your insurance company. The expected amount to be paid by your insurance company may be charged to your account until we receive payment from your insurance company. In the event that your insurance company is slow to pay or denies a claim, payment of your account is your responsibility. In this instance, we will provide a statement of your account to you, which will be payable at that time.

Non Participating Insurance Payments: Typically, these insurance payments will go directly to the patient. Some insurance companies will not pay a patient directly; if this is the case, we will send you a refund within fourteen (14) days of receipt of your insurance check. If you have a balance your insurance payment will be applied to your account.

Missed Appointment Fee: We may charge between \$45 - \$150 to your account for a missed appointment or for an appointment cancelled without 24 hours notice.

Late Payment Fee: If we don't receive payment in full within 30 days of the statement date as shown, a late payment fee of 2% of your unpaid balance will be assessed each month. We will not allow further appointments until we receive your payment in full.



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Collection Costs: If we don't receive payment within 120 days, then your account will be referred to a collection agency and you will be charged all collection costs.

Returned Checks: A \$35.00 fee will be assessed on any check returned unpaid.

By signing my new patient paperwork, I understand and agree to the above policies. I understand and have been notified that I am fully responsible for payment of services at the time they are rendered, regardless of my insurance status. I acknowledge that Buffalo Dental Implant is not my insurance provider and is not responsible in the event that my insurance company decides to deny payment for any services rendered. I have read and fully understand my responsibilities and obligations.

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