



Buffalo Family Dentistry

106 Center Drive • Buffalo, MN 55313
(763) 682-6885 Fax: (763) 682-4534

Financial Policy

Buffalo Family Dentistry is committed to providing you with the highest level of service and quality of care. If you have dental insurance, we will strive to help you receive your maximum allowable benefits. In order to do that, we require your assistance and understanding of our financial policy. **Please READ AND INITIAL each statement.**

_____ The patient must provide us with current and valid insurance cards **at the time** of the office visit/appointment.

_____ All deductibles, patient portions and non-covered services are to be paid **at the time of service**. For your convenience, we accept CareCredit, Visa, MasterCard, personal checks and cash. **There is a \$25.00 fee for all returned checks.**

_____ All services rendered to minor/dependent children of divorced or separated parents are the financial responsibility of the parent who scheduled and brought the child to the office. We do not get involved in who is court ordered to pay for dental bills or maintain current dental insurance for said minor/dependent child.

_____ Buffalo Family Dentistry bills insurance as a courtesy to our patients. Regardless of whether we file your insurance claim, you are ultimately financially responsible for all services rendered.

DIAGNOSES WILL NOT BE MODIFIED TO FIT YOUR INSURANCE PLAN BENEFITS.

By signing below, I acknowledge that I have read and understand the above financial policy. I understand and agree that I am financially responsible for all charges for services rendered to me. I hereby assign all insurance benefits to which I am entitled to Buffalo Family Dentistry. I authorize the use of this signature on all insurance claims.

Patient Name (printed) _____ Date _____

Patient Signature _____

Relationship to Patient _____

John C. Stangl, D.D.S.