

Buffalo Prairie Dental Care

3327 Main St. Keokuk, IA 52632
2801 Broadway Quincy, IL 62301

Financial Policy

Thank you for choosing Buffalo Prairie Dental Care. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

Option 1- Cash, Check, or Credit Card (Mastercard, Visa, or Discover)

5% Courtesy discount for paying total including insurance portion day of service.

Option 2- Credit Card Payments. First payment is due at time services are rendered.

Second payment at 30 days after day of treatment and final payment at 60 days after treatment.

Option 3- Outside Financing (Subject to credit approval):

1) Personal Finance Company

*Up to 12 months interest free

*Up to 36 months with low interest

Reservation Deposit:

For treatment totaling \$500 or more, a 10% deposit is required to secure your initial treatment appointment. The deposit is applied to your treatment unless the appointment is failed, cancelled or rescheduled with less than two business days notice then the deposit is forfeited.

Dental Insurance:

For patients with dental insurance we are happy to work with your carrier to maximize your benefits however insurance is a contract between you and your insurance carrier. This office only ESTIMATES insurance benefits based on the information provided by your insurance company however ultimately you are responsible for all charges incurred.

Our policy requires payment in full for all services rendered at the time of your visit, unless other arrangements have been agreed upon. If account is not paid within 90 days of the date of service and no financial arrangements have been made, you will be responsible for attorney fees up to \$500, collection agency fees up to 33 1/3%, court costs up to \$250, interest charges and any other expenses incurred in collecting your account.

Buffalo Prairie Dental Care charges \$20 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

Appointment Policy

Our promise to you: We will respect your time.....we will run on time all day, everyday. In return, we ask that you respect our time and the time of our other patients by keeping all appointments that you have scheduled. **If you no show or cancel any appointment with less than two business days notice, we will be unable to keep you as a patient and will not schedule any future appointments.**

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)