

Bismarck Dentistry

Dr. Daniel Van Buskirk

4401 Coleman Street, Suite 104, Bismarck, ND 58503

FINANCIAL POLICY

Thank you for choosing us for your dental care. Please read carefully our Financial Policy. Our main concern is to provide you with the best possible care to establish and maintain oral health. Therefore, if you have any concerns about our payment policies, please do not hesitate to speak with our business staff. We ask that all patients read and sign our Financial Policy as well as complete our Patient Information Form prior to seeing the doctor.

Payment Options: Payment for care is due at the time services are rendered. We accept cash, check and for your convenience, MasterCard®, and Visa® Discover® and American Express®. We offer a convenient patient financial program called CareCredit®. This program enables families to finance their treatment interest free for up to 12 months. Please ask our business staff for information and an application.

Assignment of Insurance Benefits: If you would like for us to accept assignment directly from your insurance company on your behalf, you will need to agree to the following terms:

1. Your insurance policy is a contract between you, your employer and the insurance company. We are **NOT** a party to that contract. Our relationship is with you, not your insurance company, but as a courtesy to you, we will file your insurance claims.
2. All charges are your responsibility whether your insurance company pays or not. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Fees for these services, along with unpaid deductibles and co-payments are due at the time of treatment. We will estimate your co-payments as closely as possible based on the insurance information you and the insurance company provides to us.
3. In the event that your Insurance Company does not pay as much as estimated, you are responsible for that balance.
4. Please be aware that the parent bringing a child to our office is legally responsible for payment of all charges. We cannot send statements to other persons or be an in-between for those parties

Signature: _____ Date: _____