



GUIDELINES

We are pleased you have chosen Smiles of Riverstone for your dental needs. In order to better inform you, please read the following summary of our office guidelines.

DENTAL BENEFIT PLANS

You, as the patient, are responsible for all charges regardless of insurance coverage. It is your responsibility to know your insurance benefits, frequencies, and limitations. However as a courtesy to our patients, we will file your dental insurance for you. We will, to the best of our ability, provide the insurance company with all necessary radiographs and narratives to get your insurance claim paid. There are times however when a dental claim goes to a dental review board for consideration. It is within the review boards' discretion to accept or deny the claim. If the claim is denied, then the patient is responsible for payment. You as the insured have the right to appeal, but at that point when we have exhausted all our means, we cannot get involved and the balance must be paid in full by the patient.

PAYMENTS

As a courtesy to our patients we accept most major credit cards and checks with proper identification. We do not accept post dated checks. There will be a \$25.00 charge on all returned checks, and the balance must then be paid in full in cash or money order only. Patients with an outstanding balance of 30 days or more overdue are subject to 1.5% monthly interest in addition to collection fees, court costs, and reasonable attorney fees to collect unpaid accounts. Patients with such outstanding balances must make payment arrangements prior to scheduling appointments.

If treatment needs to be performed and your total cost has been advised, we do expect payment at the time treatment is rendered. By your cost we mean percentage of the "estimated" cost for treatment per your insurance company (deductible / or co-payment). We are providers for many insurance companies; therefore we accept the reduced fee in which they allow us to charge. Please keep in mind that when we inquire for verification and / or pre-determination of benefits, nothing is guaranteed. It is only an estimate until the insurance companies review the claim.

MISSED APPOINTMENTS / LATE CANCELLATIONS / LATE ARRIVALS

Your appointment time is reserved for you. Broken appointments represent a cost to us, to you, and to other patients who could have been seen at that time set aside for you. Please call our office and speak to the patient coordinator 24 hours prior to your appointment if you must cancel or reschedule. Unfortunately, if the required notice is not given a fee of \$25.00 will be charged and immediately payable. Excessive abuse of this policy may result in discharge from the practice.

I have read and understood Smiles of Riverstone office policy. I agree to assign insurance benefits to Smiles of Riverstone when necessary. I also agree that should it become necessary to forward my account for collection proceedings, in addition to the amount owed. I will also agree to be responsible for the fees associated with the costs of collection.

Patient Name

Date

Signature of Patient or Parent/Guardian

If signed by parent/ guardian state patients' name: _____

Relationship to patient: _____