



Financial Policy/Agreement

Thank you for choosing RiverTree Dental as your dental healthcare provider. We at RiverTree Dental are proud to be part of a team whose primary mission is to deliver the finest and most comprehensive healthcare available to you today. Your understanding of our financial policy is an essential element of your care and service. If you have any questions regarding any aspect of our policy, please do not hesitate to ask, we want to help!

Payment Options

We accept the following forms of payment: Cash, Check, Visa, MasterCard, American Express, Discover and CareCredit.

Lab related services such as crown, bridge, partials, full dentures, and nightguards require 50% down on the preparation date and the remaining balance paid on the completion date. If insurance benefits are being billed 50% of your patient portion must be paid on the preparation date and the remaining portion will be due on the completion date.

Billing

Once the first statement is sent there is 30 days to take care of the balance due. If the account balance is not paid and there are no payment arrangements made with our office there will be a \$2.50 charge added to the account for each additional statement that needs to be generated.

Insurance

All patient co payment and patient portions are only an estimate and never a guarantee of payment.

Your insurance policy is a contract between you, your employer and the insurance company. Some or all services may not be covered by your insurance company, ultimately you are responsible for payment of all services not covered by your insurance. Please know that we will do everything we possibly can to make sure that you receive the full benefits from your insurance company.

Cancellation Policy

We understand that your plans and daily schedules can change. We work hard to accommodate appointments that fit your schedule and dental needs. As a courtesy to all of our patients and staff we ask that you give us **48 business hours** for cancelling or rescheduling an appointment. Any missed appointment without the 48 hours notice may be subject to a **\$75 dollar fee per hour**.

Financial Consent

By signing below I understand and accept the financial policies written above. If I have dental insurance I hereby authorize any insurance benefits to be paid directly to RiverTree Dental. I understand that I am responsible for any deductibles, co insurance portions and non covered services. I understand that I am financially responsible for any and all charges of dental treatment and incurred fees, whether or not paid by my insurance and I agree to pay such charges in full.

Printed Name of Patient: _____ **Date:** _____

Signature of Patient (Parent/Guardian): _____

