

Office Policies



Thank you for choosing Pine River Dental Arts to be your dental provider! Our excellent care team is committed to providing the highest quality of care and best service possible. For our office to maintain efficiency for you, our patient, please take a moment to read through our office policies.

Dental Benefits

Please be prepared to show a valid photo ID and your current dental benefit card at each visit to our office. Dental benefits are a contract between you, your employer (if applicable) and the benefit company. As a courtesy, we will file your dental benefits claim for you and assist you with determining benefit information. However, if you have any additional questions about coverage or denial of services, please contact your benefit company or human resources department.

Please be aware that dental benefits are not designed to cover 100% of the cost of all types of dental treatment. Generally, the goal of most policies is to provide the most basic care for specific dental services. The benefits that you receive often may not be consistent with your dental needs or achieving a high quality, complete result. Treatment recommended by our dental professionals is never based on what your dental benefits will cover, but on what our team professionally determines to be best for your overall dental health. We are generally unwilling to compromise your care to suit dental benefit coverages.

At the time of treatment, the patient/guarantor is responsible for the estimated portion that your benefit plan does not cover (also called "copay"). While our team does our best to estimate your coverages, please know that you are ultimately responsible for all expenses incurred, including services denied by your dental benefit plan. We request that you read your policy so that you are fully aware of coverage and any limitations of the benefits provided. In the event a credit occurs on your account after settlement of benefit claims, a refund will be issued within 30 business days, unless you request otherwise.

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Financial Considerations

Financial arrangements are required before beginning any treatment that is not covered 100% by dental benefits. Payment, including your copay, is due on the date of service unless another arrangement has been made. Due to the rising expense of operations, Pine River Dental Arts does implement a 3.95% credit card processing fee. We are happy to accept check and cash payments without additional fees.

The payment options available to you are:

- **PAYMENT IN FULL:** Your estimated portion of the payment is due at the time of the appointment.

THIRD PARTY FINANCING: CARE CREDIT offers deferred interest for larger treatment plans. A minimum purchase is required, and subject to credit approval. For more information, visit: www.carecredit.com.

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Referrals

If the treatment required to address your dental needs cannot be provided in our office due to a degree of specialization of treatment, a referral will be given to a provider who can provide the necessary care. Because the procedure will be carried out in another office, fees will vary from ours, and only the specialist's office can give you an accurate estimate of the cost.

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Scheduling

Because we are reserving time in our schedule for your appointment, we ask that you contact us by phone with a minimum of **two business days** advanced notice for any appointments that you may need to cancel and/or change. We understand that conflicts arise; however, failing to attend your appointment or canceling without adequate notice times may result in a \$50/hour charge per appointment with a dental hygienist, and \$100/hour in the doctor's schedule. Multiple missed and/or changed appointment times may result in dismissal from our office. This courtesy on your part will make it possible for us to offer your appointment time to another patient who needs to see the dentist or clinical team member.

_____ (initial)

Delinquent Accounts

I agree to pay fees and expenses incurred by Pine River Dental Arts P.C. to collect on this account. After 90 days, all accounts, including accounts with outstanding benefit claims, that are not paid in full may be sent to a third-party collection agency and are subject to interest. I agree to pay fees and expenses incurred by Pine River Dental Arts P.C. to collect on this account. It is agreed and understood that if this obligation should become delinquent that I, the patient, or guarantor party, agree to pay the collection costs and costs associated with placing my obligation to a collection agency and/or attorney for litigation.

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HIPAA Acknowledgement

I understand that as part of my healthcare, this facility originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment and any plans for future care or treatment. Your personal health information will not be shared. I acknowledge that I have been provided with and understand this facility's Notice of Privacy

Practices which provides a complete description of the uses and disclosures of my health information. I understand that I have the right to review this facility's Notice of Privacy Practices prior to signing this acknowledgement; this facility reserves the right to change their Notice of Privacy Practices and prior to implementation of this will mail a copy of any revised notice to the address I have provided if requested.

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Agreement to Arbitration

By signing this agreement, the patient agrees with the office of Pine River Dental Arts P.C. that any dispute relating to dental care services rendered for any conditions, including any services rendered prior to the date this agreement was signed, and any dispute arising out of the diagnosis, treatment, or care of the patient, shall be resolved by binding arbitration. The patient understands that the result of this arbitration agreement is that claims, including malpractice claims he/she may have against the doctor, cannot be brought as the lawsuit in court before a judge or jury, and agrees that all such claims will be resolved as described in this section.

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Authorization and Release

I certify that I have read and understand the above information to the best of my knowledge. I authorize Pine River Dental Arts to release any information including the diagnosis and records of any treatment or examination rendered to me or my child during the period of such dental care to third party payers and/or health practitioners where applicable. I authorize and request my insurance company to pay directly to the dental practice insurance benefits otherwise payable directly to me. I understand that my insurance carrier may pay less than the usual bill for the services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

Signature of Patient/Responsible Party

Printed Name of Patient Date