



Written Financial Policy

Thank you for choosing River Street Family Dental. 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 care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

- Cash, Check, Visa, Mastercard, American Express or Discover Card

We offer a 10% discounts to patients who pay for their treatment plan in full prior to start of services (cannot be applied to co-pays).

- Care Credit

- o Convenient Monthly Payment Plans*1
- o Allow you to pay over time
- o No annual fees or prepayment penalties

River Street Family Dental requires payment prior to the beginning of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care provided and lab fees.

For plans requiring multiple appointments, alternative payment arrangements may be provided.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.

River Street Family Dental charges \$35 for returned checks and \$15 for accounts sent to collections.

You grant permission to us or our assignee, to telephone you to discuss this statement or your treatment.

I understand that any fee estimate for this dental care can only be extended for a period of three months from the date of patient examination. All emergency dental services, or any dental services performed without previous financial arrangements must be paid for at the time services are performed unless other arrangements are made.

I further agree that a waiver of any breach of any time or condition hereunder shall not constitute a waiver of any further term or condition and I further agree to pay all costs and reasonable attorney fees if suit be instituted hereunder. If you have any questions, please do not hesitate to ask.

Patient, Parent or Guardian Signature _____ Date _____

Patient Name (Please Print) _____

Subject to credit approval

However, if we do not receive payment from your insurance carrier within 60 days or after we make 3 attempts, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier. If your account balance is not settled at the time of appointment, our office will invoice you for the balance on a monthly basis for up to 3 invoices. Any account that is over 90 days past due will be assigned to a collection agency for further billing.