

Dr. Riemer Dental Group

Thank you for selecting Dr. Riemer Dental Group to provide dental care for you and your family. We look forward to assisting you with all of your dental needs.

Payment Policies

All co-payments are due in full at the time of service, unless financial arrangements have been made. We accept cash, check, major credit cards, and Care Credit, a healthcare financing option. In the case of a return check, a fee of \$25 will be applied. After this, only cash or credit cards will be accepted for the account.

Statements are sent as needed. A billing period is considered ten days from the date the statement is mailed. Accounts over 30days will incur a monthly finance charge of 1.5% per month. Our office does not do third party billing, i.e. non-custodial parent, employers, etc.

Insurance

Insurance is a contract between the insured and the insurance company. We file insurance claims as a courtesy to our patients. We will be happy to help you with any questions you might have concerning your insurance claims in our office. You are responsible for knowing your insurance coverage policies, and we cannot be held responsible for any errors in the estimation of your insurance coverage. We will only pursue insurance payments for two months. After that, if insurance hasn't paid, you must pay the entire bill. But we will still continue to assist you in receiving reimbursement from the insurance company.

APPOINTMENT CONFIRMATION POLICY

It has always been our contention that your time is valuable. For this reason, we do not double book like other practices may, and accept drop-ins only in the event of an emergency. Keeping scheduled appointments allows us to provide optimal care for our patient and to monitor progress in a timely manner.

We confirm all appointments two days in advance as a courtesy. We offer confirmation reminders via phone, text and e-mail. Please be sure to let us know which method you would like your appointments to be confirmed.

Our staff has made a promise, professionally and personally, to give you the concern, respect and care that makes our office a comfortable and pleasant place to visit. It is for this reason that we are implementing a revised cancellation policy for *all* patients effective January 1, 2010.

***The 2nd "No Show" or Cancellation of an appointment without a 24 hour notice will be subject to a 50% charge of the missed appointment.**

*** The 3rd is subject to a 100% charge of missed appointment and you may be placed on our "Do Not Book" list.**

All appointments must be confirmed at least 24 hours in advance.

48HR NOTICE IS REQUIRED TO CANCEL OR CHANGE SATURDAY APPOINTMENTS.

We appreciate your review of our office policies. Please let us know if we can further explain any of the preceding information. We look forward to fulfilling our commitment to you and your family and anticipate an enjoyable and productive relationship. Please sign below confirming that you have read and understand these policies. We look forward to working with you.

I ACKNOWLEDGE THAT I HAVE REVIEWED AND UNDERSTAND THE ABOVE OFFICE POLICIES FOR DR. RIEMER DENTAL GROUP.

Signature

Date