



## OFFICE POLICIES

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Thank you for choosing Riley Dental Group. We are dedicated to providing you with the highest quality dental care to help you achieve optimal oral health. To facilitate clear communication and promote a smooth and timely dental experience, we have detailed our office policies below.

### **Updates to Medical History:**

Please inform us of any changes to your medical history as soon as you are seated in the dental chair. It is important to provide a list of your current medications and the reasons for taking them along with the name of your medical provider.

### **Cell Phone Use:**

We kindly ask that you refrain from using your cell phone during active treatment. Video recording is not permitted.

### **Treatment Policy:**

All patients over the age of 3 are expected to attend their appointments independently. Parents and guardians are welcome to consult with providers before and after treatment; however, while we are providing treatment, we request that all guests, including parents, spouses, and friends, remain in the reception area. Exceptions are made for patients with disabilities and those requiring translators.

Patients undergoing treatment who bring small children to the office should arrange for their supervision.

### **Cancellation Policy:**

Your appointment time is reserved specifically for you, and staff and resources are allocated accordingly. If you need to cancel or reschedule, please notify us as soon as possible to allow us to accommodate another patient in need. We prefer at least 48 hours notice. An after hours answering machine is available for your convenience. If you do not notify us before 8:00 AM on the day of the appointment, your account will incur an automatic \$50 fee.

### **Late Policy:**

If you arrive more than 15 minutes late, we may need to reschedule your appointment based on our schedule. Please call us if you anticipate being late so we can determine if we can still accommodate you.

### **Extended Appointments:**

For appointments requiring two or more hours, if you need to cancel or reschedule, please notify us at least 48 hours prior to your appointment time. Otherwise, your account will incur an automatic \$50 fee.

**Financial Policy:**

Payment is due at the time of service. This includes insurance copays. We accept all major credit cards. If paying by credit card, there is a 3% transaction fee. We accept cash and checks with no additional fee. For those interested in payment plans, Care Credit is available. Please inquire for details.

**Returned Checks:**

There is a \$50 fee for any check returned by the bank.

**Past Due Accounts:**

A finance charge of 1.5% per month (18% annually) will be applied to accounts that remain unpaid after 90 days, regardless of insurance status. We reserve the right to pursue collections for accounts that remain unpaid after 120 days, and the account holder will be responsible for any associated collection fees.

**Dental Insurance:**

We require current insurance information to file claims. Please inform our staff of any changes upon check-in. **As a courtesy**, we will file your claims; however, you are responsible for your deductible and any remaining charges. Please note that dental insurance plans have various rules, limitations, and exclusions, and it is the patient’s responsibility to understand these provisions. Our office will not dispute claims with your insurance company. If a claim remains unpaid after 90 days, payment will be due at that time.

**Insurance Predetermination:**

For a better understanding of your insurance coverage, please contact your insurance carrier directly. You may also request that our office send a treatment plan predetermination to your insurance company, which will clarify the coverage amount and your costs per procedure. Please note it may take your insurance carrier several weeks to process a predetermination.

**Dependent Children and Divorced Parents:**

Payment is due at the time of service for dependent children. If a person other than a parent brings the child, or if the child comes alone, prior arrangements for payment must be made. Our office does not bill parents separately. If a divorce decree requires one parent to cover treatment costs, it is the responsibility of the authorizing parent to collect reimbursement from the other parent.

**I have read and understand the Office Policies and agree to abide by them.**

Patient’s Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Patient’s Signature \_\_\_\_\_

Guardian’s Printed Name \_\_\_\_\_

Guardian’s Signature \_\_\_\_\_