

Ridge Dental Group, LTD. Practice Policies

In order to serve your needs better, we ask that you read our policies and sign below.

1. We request that you give us a 24 hour notice if you must cancel an appointment. Failure to call and no-shows will be charged a \$25.00 fee that is not billed to insurance. This charge must be paid before seeing the dentist.
2. Any patient arriving more than 15 minutes late for an appointment may be asked to reschedule. This is a courtesy to patients scheduled after said appointment.
3. All minors under the age of 18 must be accompanied by a responsible party (i.e.: parent/guardian, care-giver, older sibling).
4. We attempt to make a courtesy phone call to remind you of an appointment. If we leave a message, please take a moment to return our call if you are unable to make your appointment. Failure to contact you does not cancel your appointment or the above no-show policy.
5. Patients must have their current dental insurance cards on hand at every appointment.
6. Patients are responsible for verifying dental insurance coverage and informing us of changes in insurance carriers.
7. As a courtesy, we submit your insurance claim form to your insurance carrier. We ask that you pay your estimated portion and/or any deductible at the time of service. We will inform you of this amount prior to your appointment upon request; however, any change in scheduled procedures may affect the amount.
8. Patients without dental insurance will be requested to pay the entire bill at time of service unless prior arrangements have been made.
9. All patients must bring a list of/know all current medications (both prescribed and over-the-counter) as this can impact your dental visit and your health. Patients that need to pre-medicate must do so prior to their scheduled appointment.
10. Any claim that cannot be fully processed within 15 days, due to insufficient information given by a patient, will be closed. The patient will be responsible for payment, in full, for those services rendered. Future claims will not be filed until all information is received/corrected.
11. If a personal balance exceeds 90 days with no correspondence by you, we will assume you do not intend to pay the bill and a collection agency may be utilized. Future appointments will not be scheduled until the balance is paid in full.
12. There will be a \$25.00 fee for any personal checks returned to us due to insufficient funds in the account.

I have read and understand the above practice policies for Ridge Dental.

Signature: _____ Date: _____

Patient Name: _____
(please print)