

OFFICE POLICIES

We at Riverstone Dental believe that clarity is the key to a good relationship. In an effort to ensure your appointments are as pleasant and predictable as possible, we would like to give you an overview of our office policies. Please feel free to call us with any questions you may have.

About Insurance Billing

Due to the Canadian Personal Privacy Act, we are unable to access any sufficient information from your insurance company regarding your dental plan. It is **your responsibility** to know the details involved in your plan such as annual maximums, frequencies, and any other limitations.

Please Note:

→We are a **fee for service** office, meaning you will have to pay **in full** at the time of treatment.

- *Exceptions* : Yukon senior citizens, assuming they are eligible for seniors benefits, and for RCMP members and their family members who are only required to pay the portion of the treatment cost not covered by insurance.

→We will assist you in getting reimbursed from your insurance company.

→We are able to submit your insurance claim through the Internet so your reimbursement could be in your bank account within 24 hours.

Your Appointment Reminders

Please understand that is **your responsibility** to keep track of your appointments. We do everything we can to remind you of them in adequate time for you to make arrangements or changes for that appointment. As a courtesy, we will call you one week prior to a booked appointment and try to make confirmation calls one day prior to your appointment. Unfortunately, that is all we are able to do in order to remind you of upcoming appointments, after that it is up to you to remember.

Our Cancellation Policy

Due to a continuous high demand in prime appointment times, we require a **minimum of 24 hours notice** prior to your appointment should you require to reschedule or cancel appointment. This is valuable time that the Doctor has reserved for you. In the case that insufficient notice is given a **\$100 fee** will be charged to you.

Our desire is for you to have a pleasant experience in our office. We strive to serve you to the best of our ability in helping you attain maximum dental health.

I have read and understood the above policies.

Patient/Guardian Signature _____ Date: _____