RIVER STREET

DENTAL

**Policies and Information**

*Thank you for choosing River Street Dental as your dental home! Please be informed of the following office policies and please ask if you have any questions.*

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| **Office Hours:** | I understand that River Street Dental’s clinic hours are:  Monday – Thursday 7:30am – 5pm and Fridays by appointment |
| **Appointments:** | I understand that River Street Dental reserves appointment times for each patient and will contact each patient at least one day before the scheduled appointment. I affirm that I will contact River Street Dental to confirm my appointment. I further understand that River Street Dental reserves the right to cancel an appointment that is not confirmed by me. |
| **Cancellations:** | I understand that River Street Dental asks that I cancel appointments at least 48 hours in advance. I further understand River Street Dental reserves that right to charge my account $85 per hour for appointments cancelled less than 48 hours. |
| **Running on Time:** | River Street Dental understands that your schedule is busy and that your time is valuable. Please let us know if you have waited more than 10 minutes past your reserved appointment time. |
| **After Hours and Emergencies**: | For a serious emergency call 911 right away. I understand that after hours I may call River Street Dental and that I will be transferred to Dr. Carroll’s cell phone by pressing #3. Dr. Carroll will return my message. I am aware that due to federal laws, Dr. Carroll cannot call in pain medication to my pharmacy. |
| **Pre Medication:** | If you have been informed that you need to take an antibiotic before dental treatment or if you have had procedures such as joint replacements, heart murmurs or immune suppression; please contact your physician for their opinion and a prescription if your physician recommends pre medication. |
| **Privacy Information:** | I have been made aware that a copy of River Street Dental’s Notice of Privacy Practices can be obtained from the receptionist or at River Street Dental’s website – [www.RiverStreetDental.net](http://www.RiverStreetDental.net). I have asked all questions regarding River Street Dental’s Privacy Practices and confirm disclosure of my protected health information as described in the Privacy Policy as warranted. |
| **Referrals:** | I understand if the need arises that x-rays and dental records need to be sent to a specialist, no referral fee will apply. |
| **Transfers:** | I understand if I request that my records be transferred, a release form will need to be signed. I further understand that a fee will apply for a paper copy, no fee for a digital copy. |
| **Contact Consent:** | I understand that in the event that River Street Dental is contacted by a family member, employer or school office, I give the office of River Street Dental permission to let them know that I am/was here. |
| **Medicare:** | I understand that Dr. Carroll has opted out of Medicare as a provider and cannot submit a claim to Medicare and that I will not be able to appeal because Medicare will not pay for dental claims. |
| **Checks:** | I understand that River Street Dental will charge me any banking fees and a $30 returned check fee for any checks that are returned for insufficient funds. |
| **Collections:** | I understand that if my account is not paid within 90 days, or if a payment arrangement is not made with River Street dental; a fee of 50% of the principal will be added to my account before River Street Dental sends my account to a collection agency. |

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Consent and Acknowledgement of the above information is in place until revoked in writing.***