



POLICIES & PROCEDURES

Thank you for choosing Three Rivers Endodontics for your dental care needs. Our office is committed to providing you with excellent care and customer service. In order to help with scheduling and other services, we ask that you please familiarize yourself with our policies below.

Office Policy

- The use of cell phones, tablets, or any other type of audio or video recording device are permitted at a respectable volume in the waiting area only.
- No food or drinks are permitted in the operatories/treatment rooms of the office.
- Only one parent/guardian/family member at a time is permitted back in the operatory with the patient.
- Minors must be accompanied to their appointment by a parent or guardian. A parent or guardian with power of attorney must be present at the time of appointment to sign treatment consent forms.

Appointment Policy

- Once an appointment has been made, that time is reserved specifically for you. We reserve the right to charge a \$50.00 fee for all cancelled or missed appointments without a 24-hour notice.
- We reserve the right to stop treatment for any patient who has more than two consecutive broken appointments.

Financial Policy

Our convenient financial arrangements are based on an open and honest discussion of recommended treatment options, respective fees, and patient's financial capabilities.

Payment

- ♦ Payment in full is due at the time of service unless a payment arrangement has been discussed with front desk staff prior to the scheduled appointment.
- ♦ We offer several payment options:
 - » Cash, check, Visa, MasterCard, Discover, and American Express
 - » Care Credit (3rd party financing company)

Insurance

- ♦ Our office is committed to helping patients maximize their benefits. **Because insurance policies vary greatly, we will estimate your coverage in good faith, but cannot guarantee it.**
- ♦ The estimated balance, copays, and deductibles, and the difference between the billable services and the amount paid by your primary insurance, is due at the time of service.
- ♦ All insurance coverage information must be provided at the time of service, including all secondary insurance information. If the insurance coverage is not provided, you, the guarantor, **are responsible for the payment in full at the time of service.**

(continued on the reverse)

info@3riversendo.com | 3riversendo.com

Moon Township Office

One Thorn Run Center
1187 Thorn Run Rd. Ext., Ste. 204
Moon Township, PA 15108
☎ 412.776.0001
☎ 412.774.2702

Shadyside Office

5770 Baum Blvd., Ste. 150
Pittsburgh, PA 15206
☎ 412.776.0002
☎ 412.774.2702

South Hills Office

Norman Centre
1720 Washington Rd., Ste. 202
Pittsburgh, PA 15241
☎ 412.776.0004
☎ 412.774.2702

Zelienople Office

508 S. Main Street, Ste. 101
Zelienople, PA 16063
☎ 412.776.0003
☎ 412.774.2702

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Financial Policy

(continued)

Insurance

- ♦ As a courtesy to our patients, we will be happy to submit all insurance claims, x-rays, and any other necessary information relative to treatment on your behalf. However, since our professional services are rendered to you and not to the insurance provider, you are directly responsible to us for your financial obligations.
- ♦ If the insurance company does not pay after 60 days, we will bill you directly for the full balance.

Service Charges

- ♦ Three Rivers Endodontics charges a \$40.00 fee for returned checks.

Collection Fees

- ♦ Once the insurance payment has been received, if a patient's account is not paid in full within 90 days, the account will be placed with a collection agency.
- ♦ Fees incurred to collect payment including collection agency costs, court costs, and any other reasonable costs of collection will be billed to and payable by the patient or guarantor.

Minors

- ♦ Payment for services for the treatment of minors is the responsibility of the adult accompanying the minor.

Financial and Responsibility Agreement

I grant permission to you or your assignee to telephone me at home or at my workplace to discuss matters related to this form. I agree to let this office leave messages concerning appointments and/or results on my answering machine or with a family member. I also agree to let this office contact me via e-mail or text message.

To the extent to determine liability for payment and to obtain reimbursement, I, the responsible party, authorize disclosure of portions of the patient's record. I hereby assign all dental benefits to which I am entitled, including MEDICARE, PRIVATE INSURANCE, WORKERS' COMPENSATION, and other health plans to Three Rivers Endodontics. This assignment applies to all charges outstanding as of the date of this signature and will remain in effect for all current and future charges until revoked in writing. A photocopy of this assignment is to be considered as valid as the original. I understand I am responsible for all charges whether or not paid by the insurance company unless dictated by the insurance company that there is a contractual write off. I hereby authorize said assignee to release all information necessary to secure payment.

I have read and understand the Policies and Agreements of Three Rivers Endodontics which includes the Office Policies, Appointment Policies, Financial Policies, and the Financial and Responsibility Agreement, and agree to abide by them.

Signature of patient, parent, or guardian

Printed Name

Date