

*Welcome to
Elk River Family Dentistry!
We want to thank you for being a
part of our clinic. The doctors and
staff at our office strive for excellence
in your care. This brochure is to pro-
vide you with some of our policies
and procedures. We hope this infor-
mation will help you with questions
you may have.*



Elk River Family Dentistry
303 Main Street
Elk River, MN 55330
(763) 441-9181
Fax (763) 269-8692
www.elkriverfamilydentistry.com



Office hours

Monday	8:00 am. - 7:00 pm.
Tuesday	8:00 am. - 7:00 pm.
Wednesday	8:00 am. - 4:30 pm.
Thursday	8:00 am. - 4:30 pm.
Friday	8:00 am. - 4:30 pm.

During appointments

If children must accompany adults at adult appointments, please do not leave them unattended. Parents or guardians should be present at the beginning of minor children's appointments to review treatment, and then kindly wait in the reception area.

Cellular phones

As a courtesy to others, we ask that you refrain from talking on cell phones during your time in our office. Please put your phone on vibrate or turn it off.

Confirmation of appointments

As a courtesy, our office will call, text, or email you to confirm your scheduled appointment. It is ultimately your responsibility to remember your appointment. We do ask for a 24 hour notice if you are unable to keep your scheduled appointment.

Payment policy

Payment will be collected at the time of treatment in the business office. An estimate is provided so that you can be financially prepared for future visits. Keep in mind, estimates given are just that and are subject to change.

If you have dental insurance, our office will collect an estimated payment of 20% for routine treatment and 50% of major treatment, unless otherwise noted. You will be billed or refunded if there is a difference between the estimated portion and the payment received. If your dental insurance pays you directly, the full payment will be collected at the visit. Accounts over 90 days old will incur a monthly billing fee of \$5.00.

If you do not have insurance, the full payment will be collected at the time of treatment. For your convenience we accept cash, check, Visa, Master Card, and Discover Card. For large treatment plans we do offer payment plans through an outside service (Care Credit.) Monthly statements will be sent for services performed.

Insurance

Our services are offered on the understanding that you are financially responsible for the

total amount of your account. We will make every effort to help you receive the most benefit from your dental insurance. Most insurance coverage pays a portion of the cost of your dental treatment. Your coverage is dependent on the individual policy purchased by you or your employer.

It is important that you review and know your coverage, calendar year, and the maximum benefits your policy allows per year, prior to your dental visit. As a courtesy, we would be pleased to submit a claim to your insurance carrier for your treatment. We request that you provide us with the correct and current insurance information prior to your visit. Please bring your insurance card to each appointment.

If you have questions, please do not hesitate to ask. We look forward to being your dental provider!

