



Dr. Cale Slack, DDS

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WELCOME TO RIVERVIEW DENTAL

Thank you for choosing our professional team to provide you with the highest quality dental care possible. On behalf of our entire staff, we would like to welcome you. We look forward to providing you with exceptional dental care for years to come. Please read all of the information.

Riverview Payment Policy

Insurance is filed as a courtesy to our patients; however, the estimated amount your insurance does not cover is due on the day of service. We will prepare a treatment plan with the estimated amount due from your insurance provider. It is advisable for the insured to verify coverage and remaining benefits with their insurance provider. Our estimates are based solely on fees charged by our office. The estimate does not include any benefits paid to other dental providers. It is the responsibility of the insured to know the limitation of the insurance policy. We accept cash, check and major credit cards in addition to offering a monthly payment plan through Care Credit, for qualified applicants.

Your appointment time should be based on a time you are confident you will be able to honor. We reserve that time for you to ensure you will be provided with the highest quality care in a timely manner. We require a 48 hour notice if you change your appointment. Cancellations and no shows will be charged a \$40 fee after the second occurrence.

Children Policy

It is our policy to treat children with fluoride at each six month cleaning appointment and place sealants on 1st and 2nd molars as they erupt to prevent tooth decay as is recommended by the American Dental Association. The fluoride hardens the teeth and the sealants coat the pits on the top of the tooth. Most insurance companies cover these procedures. Please check with your provider for your benefits. If you have any questions regarding the benefits of your insurance on these procedures, please contact them and they will be happy to assist you.

Thank you for choosing Riverview Dental
Dr. Cale Slack and Staff

Print Name: _____

Sign: _____

Date: _____