

Riverbend Pediatric Dentistry LLC

Acknowledgement of Practice Policies

I have been given, in writing or digital copy, the following policies for Riverbend Pediatric Dentistry, LLC. I have been given sufficient time to read and review the policies as well as ask any questions for areas of these policies that I may need clarification or better understanding. I understand that abiding by these policies allows the team at Riverbend Pediatric Dentistry to continue to provide quality care not only to my children, but all patients seeking care at the practice.

Policies include:

- Appointment Policy
- Financial & Payment Policy
- Office Policy Regarding Dental Insurance
- Children, Pediatric Dentistry & You

Parent/Legal Guardian Printed Name

Signature

Date