Rovi Smile Center
FINANCIAL POLICY

Dear Patient:

Thank you for choosing us as your dental care provider. The following is our Financial Policy. Therefore, if you have any questions or concerns about our payment policies, do not hesitate to ask our front desk personnel.

We ask that all patients read and sign our Financial Policy as well as complete our Patient Information Form prior to seeing the doctor.

Payment for services is due at the time services are rendered. We accept cash, checks, and for your convenience, MC, Visa, Discover, and American Express. We also offer a payment plan through Care Credit. You may fill out an application and we will process it while you wait.

Upon our verification of your benefits, we will be happy to process your insurance benefits. However, you must understand that:

1) Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to that contract. Our relationship is with you, not your insurance company.

2) All charges are your responsibility whether your insurance company pays or not. Not all services are a covered benefit in all contracts. Some insurance companies select certain services they will not cover.

3) Fees for services that are not covered, along with unpaid deductibles and co-payments are due at the time of treatment.

4) If your insurance company does not pay your balance in full within 30 days, we ask that you contact the carrier to help speed things up.

5) If the insurance company does not pay in full within 45 days, we require you pay the balance due with cash, check, credit card, or Care Credit.

6) Returned checks and balances older than 45 days may be subject to additional collection fees and interest charges of 1.5% per month.

Please call our office at least 24 hours in advance if you need to reschedule an appointment. Please note that, unless canceled at least 24 hours in advance, you will be charged $50.00 per hour for missed appointments.

Again, thank you for choosing us as your dental care provider. We appreciate your trust in us and we appreciate the opportunity to serve you.

Signature _____ Date _____