



Ryan Roberson, D.D.S.
H. Bart Smith, D.D.S.
Cory Roach, D.D.S.



Payment Options:

We feel that everyone deserves the best dental care available. That is why we strive to make dentistry affordable for everyone. We accept cash, checks and all major credit cards. For more comprehensive treatment plans, we offer a monthly financing option through Care Credit. At the time services are rendered, payment is due.

Insurance:

Because you deserve and expect the highest level of quality, service and care we can provide, RR Dentistry is an out of network provider. In order to help you maximize your insurance benefits, we will file all your claims for you. However, we cannot guarantee benefits or eligibility of your insurance plan. We can only estimate what your insurance will cover and any financial limitations they may place on our services. Your insurance policy is an agreement between you and your insurance carrier. You are responsible for knowing the policy's limitations. We will strive to estimate your insurance's benefits and limitations; however, you may receive a statement or reimbursement after your claim has been processed.

Dental Emergencies:

In case of a dental emergency, RR Dentistry offers after hour, on call services. All emergency dental services must be paid for at the time services are performed. In the event of an after hours emergency, an additional fee will be added in order to accommodate opening the office and bringing in additional team members.

Lab Cases:

Treatment involving lab cases will be completed when payment is received in full.

Child Custody:

In cases of divorced parents, the parent bringing the child to the dental appointment will be deemed the responsible parent and must pay at that time. Our office will not become involve in custody disputes over which parent is financially responsible for the child.

Returned Checks:

For any returned check, a fee of \$30.00 will be assessed. Payment on returned checks must be paid with cash or money order.

Cancellations:

Because we reserve time specifically for your dental visit, any confirmed appointment that is cancelled or broken without 24 hour notice, may assess a \$50.00 fee.

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I grant permission to you or your signee to telephone me at home or at work to discuss matters related to this form. I have read and understand the complete financial policy set forth by RR Dentistry and agree to the content.

Signed:

Patient (Responsible Party)

Date

Signature of Office Staff