

# Financial Policy 2022

We believe good health starts with clearly understanding your treatment needs, as well as your financial responsibility before treatment begins.

## **INSURED PATIENTS:**

We are happy to file the necessary forms to see that you receive the full benefits of your coverage; however, **we are not able to guarantee any payment from your insurance company.** Patients should refer to the evidence of coverage of their member handbook for further clarification of benefits. The estimated patient portion of your treatment, not covered by insurance is due at the time of service.

## **UNINSURED PATIENTS:**

**Payment for dental treatment is due at the time of service.**

## **ACCEPTED PAYMENT OPTIONS:**

CASH, CREDIT, CHECK, AND CARECREDIT.

We do not offer any discounts at this point.

I have read and understand the financial policy listed above. Regardless of insurance coverage, I am responsible for and agree to pay all dental fees for myself and or dependents. I authorize Dr. Savidge to furnish information to my insurance carriers concerning my, or my dependents treatment. I hereby assign to the dentist all payments for me dental services rendered. I understand that if I am unable to fulfill my financial obligations to Dr. Savidge and a third party is assigned to collect my account rebilling fee of \$25.00 per month may be incurred.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_