



PAYMENT AND CREDIT POLICY

We, the staff of McGann Family Dental, thank you for choosing us as your dental provider. We consider it a privilege to serve your needs and we look forward to doing so. We are committed to providing you with the highest quality of care and building a successful provider-patient relationship with you and your family. We believe your understanding of our patients' financial responsibility is vital to that provider-patient relationship and our goal is to not only inform you of the provisional aspects of that financial policy, but also to keep the lines of communication open regarding them. If at any time, you have questions or concerns regarding our fees, policies or responsibilities, please feel free to contact our office at 651-777-1337.

We believe this level of communication and cooperation will allow us to continue to provide quality service to all our valued patients.

Please understand that payment for services is an important part of the provider-patient relationship. If you do not have insurance, proof of insurance, or participate in a plan that will not honor an assignment of insurance benefits, payment for services will be due at the time of service unless a payment arrangement has been approved in advance by our staff.

We accept payments for your convenience such as cash, money order, MasterCare, Visa, Discover, American Express, Care Credit, and in-state checks. A \$35.00 service fee will be charged for all returned checks. Additionally, you may authorize use to keep your credit card on file for your convenience knowing that we adhere to the highest level of information security.

We realize that temporary financial problems may affect timely payment of your account. If this should occur, please contact us for assistance in the management of your account. Our goal is to provide quality care and service. Please let us know immediately if you require any assistance or clarification from anyone within our business.

Interest

Interest will occur if a balance remains unpaid after 90 days, 18% annually, (1.5% per month). Charges are incurred by the patient on the day of treatment.

Insurance

Please remember that your insurance policy is a contract between you and your insurance carrier. We will, as a courtesy, bill your insurance and help you receive the maximum allowable benefit under your policy. We have found that patients who are involved with their claims process are more successful at receiving prompt and accurate payment services from the insurance carrier. We do expect patients to be interactive and responsible for communicating with your insurance carrier on any open claims.

Initial: _____ Date: _____



It is your responsibility to provide all necessary insurance eligibility, identification, authorization, and referral information; and to notify our office of any information changes when they occur. Even a pre-authorization of services does not guarantee payment from your insurance carrier. We also require photo identification when accepting insurance information. It is the patient's responsibility to know if our office is participating or non-participating with their insurance plan. Failure to provide all required information may necessitate patient payment for all charges. When insurance is involved, we are contractually obligated to collect co-payments, co-insurance, deductibles as outlined by your insurance carrier.

Please be aware that out-of-network insurance carriers often prohibit assignment of benefits and may try to limit their financial liability with arbitrary limits, exclusions, or reductions such as reasonable and customary or usual and prevailing reductions. Our fees are well within such ranges and although we will assist in the filing of an appeal if these limitations are imposed, you as the guarantor are responsible for all out-of-network fees. If we are not contacted with your carrier, we will not negotiate reduced fees with your carrier.

Miscellaneous Forms, Additional Information and Authorizations

We will provide all necessary information to have your benefits released. However, if it becomes necessary to submit redundant or unnecessary information for the completion of the claim forms for school, sports, or extracurricular activities; there will be an administrative fee, not to exceed \$35.00, for the additional information.

In cases involving an accident or third party, the account is the responsibility of the patient. If the patient is a minor, the responsible party must be specified before treatment has begun. In cases where a divorce is involved, the person bringing the minor in is responsible for the patient.

Missed Appointments

We require notice of cancellations 24 hours in advance. This allows us to offer the appointment to another patient.

I have read and understand the above financial policy. I agree to assign insurance benefits to McGann Family Dental whenever applicable. I also agree, in addition to the amount owed, I am responsible for all costs of collections if such action becomes necessary.

Signature of Insured or Authorized Representative: _____

Date: _____