

McCONNELL FAMILY DENTISTRY



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version July '04

FINANCIAL POLICY:

McConnell Family Dentistry will be happy to assist you with understanding your financial responsibilities to our practice. Outlined below are our policies in regard to payment for your treatment. If you have any questions, please feel free to ask for clarification.

Payment:

We ask that you pay your required amount on the day of the treatment. For patients without insurance, this amount is the fee for the treatment rendered that day. For patients with insurance, this amount is estimated based on insurance coverage. For the convenience of our patients, our office will accept cash, check, Visa, MasterCard, and Discover.

New patients with insurance should bring insurance coverage information if you would like us to file charges on your behalf. Coverage information will include the insurance company's name, policy number, group number, and type of coverage. Following your treatment, we will file your insurance claim and send all supporting documentation necessary for the carrier to process the claim.

First visit emergency patients will be required to pay for the initial appointment services in full. We will file insurance on your behalf for reimbursement directly to you.

A note about Dental Insurance:

Our office has no affiliation with insurance companies/plans. A patient's insurance benefits are determined by the type of plan that his/her employer has selected. We have no control over the terms of your contract. As a service to our patients, we will accept payments from insurance companies.

If there are questions concerning what dental insurance will cover, we will direct patients to contact their employer or insurance company for details. Due to patient privacy acts, insurance companies will provide more information to the patient than they will provide to us.

In most cases, patients with insurance need only pay for deductibles, procedures not fully covered by their insurance, and co-insurance amounts. Co-insurance amounts are determined by *estimating* what portion of the fee the insurance company will pay. In the event the insurance company fails to pay as expected, *the patient is ultimately responsible for full payment*. If your insurance company has not paid within 30 days of service, the balance will be due to be paid by the patient. A monthly statement will be sent directly to you and you are responsible for payment.

Finance Charges:

In the event that your account maintains a balance longer than 45 days, a finance charge of 1.5% per month may be applied. You will also be responsible for any legal/administrative fees incurred to effect collection of overdue accounts.

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY OUTLINED ABOVE:

Patient Signature: _____ Date: _____