

## Financial Policy and Privacy/HIPAA Statement

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Thank you for choosing us as your healthcare provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy.

FULL PAYMENT IS DUE AT THE TIME OF SERVICE.

WE ACCEPT CASH, CHECKS, or VISA/MASTERCARD/DISCOVER.

### Regarding Insurance:

We will bill your insurance company as a courtesy to you, however we do require that you pay your deductible and any co-payments at the time of service. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information. Your insurance policy is a contract between you and your insurance company.

### Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

### Statements:

Statements are usually generated on the last Friday of the month. Payment is due upon receipt of statement.

### Finance Charge:

A finance charge will be imposed on each item of your account that has not been paid within sixty (60) days of the time the item was added to the account.

The FINANCE CHARGE will be computed at the rate of 2.25 percent (2.25%) per month or an ANNUAL PERCENTAGE RATE of 27 percent (27%). The finance charge on your account is computed by applying the periodic rate (2.25%) to the overdue balance of your account. The overdue balance of your account is calculated by taking the balance owed sixty (60) days ago, and then subtracting any payments or credits applied to the account during that time. The minimum Finance Charge is \$1.00.

#### Credit Balances:

Credit balances under \$100.00 will not be returned after 3 years without a written request from patient.

#### Senior Citizen Non- Billing Credit:

Patients 65 or older that do not have dental insurance are eligible for a 5 % non-billing credit if they pay for their visit with cash or check at the time of the visit.

#### Returned Checks:

There is currently a twenty-seven (\$27) dollar charge for any checks returned to us by the bank.

#### Missed Appointment Fee:

Patients who do not show up for an appointment, or cancel with less than a 24 hour notice will be charged twenty five (\$25) dollars for EACH HALF HOUR of missed or cancelled appointment time. This fee must be paid before a new appointment is scheduled. Patients with three missed appointments will be asked to transfer their records to another dentist.

#### Waiver of Confidentiality/HIPAA:

All patient information is kept confidential with the exception of submitting the necessary information to your dental insurance company and any specialist you are referred to.

A copy of the HIPAA/OMNIBUS rule can be provided to you at your request.

You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

#### Divorce:

In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

#### Transferring of Records:

You will need to request in writing, and pay a reasonable copying fee if you want to have copies of your records sent to another dentist or organization. You authorize us to include all relevant information, including your payment history. If you are requesting your records to be transferred from another dentist or organization to us, you authorize us to receive all relevant information, including your payment history.

**Personal Injury:**

If you are being treated as part of a personal injury lawsuit or claim, we do not get in the middle of these types of settlements. You are required by us to pay for any treatment at the time of the service and we will provide you with the necessary information you may need for any insurance company or attorney's office after we receive a release of information letter signed by you.

**Effective Date:**

Once you have received this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.