



Carol McGlauchlin, DOM
Financial Policy

Financial Responsibility

Thank you for choosing us as your healthcare provider. We are committed to your treatment being successful. In return, full payment of your bill is due at the time of service. This may include co-pays, co-insurance fees or full cost of the treatment. Our fees are considered usual and customary for our area. For your convenience, we accept cash, checks, Visa, Mastercard and Discover. There is a \$25.00 charge on all returned checks.

Insurance

We accept assignment of insurance benefits at the time of your first visit. We will verify your insurance coverage and proceed with treatment based on the information reported to us by your insurance company. Unfortunately, we cannot be responsible for the accuracy of the information provided to us by the insurance company regarding your benefits. If your insurance company does not cover the cost of treatment, the balance is your responsibility to pay. If we are billing a third party claim on your behalf, you agree that you will pay your balance owed to us in full at the time of settlement of the claim.

Cancellation

If you need to cancel an appointment, please make every effort to notify us as soon as possible. Repeated cancellation with less than 24 hours notice or repeatedly missing appointments with no notice may result in a missed appointment fee of \$30.00.

Release of information

I authorize Carol McGlauchlin, DOM to release to my insurance carrier any medical information needed to determine benefit payments for services rendered.

I HAVE READ AND UNDERSTAND THE POLICIES ABOVE.

NAME _____ DATE _____

SIGNATURE _____