

MCKINLEY & ALEXANDER DENTISTRY  
224-I S. NEW HOPE ROAD  
GASTONIA, NC 28054

OFFICE POLICY

Following are the office policies for the practice of Susan M. McKinley, DDS. PA. & Paul J. Alexander DDS  
By executing this agreement, you are agreeing to pay for all services that are received.

**MONTHLY STATEMENT:** If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge, if any, and any payments and credits applied to your account during the month.

**INSURANCE:** Insurance is a contract between you and your insurance company. We are NOT a party to this contract. We will bill your primary insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of eligibility. You agree to pay any portion of the charges not covered by insurance.

**FINANCE CHARGE:** A finance charge will be imposed on each item if your account which has not been paid within thirty days of the time the item was added to your account. THE FINANCE CHARGE will be computed at the rate of one and a half percent per month or an ANNUAL PERCENTAGE RATE of eighteen percent. The finance charge on your account is computed by applying the periodic rate to the "overdue balance" of your account. The "overdue balance" of your account is calculated by taking the balance owed thirty days ago, and then subtracting any payment or credits applied to the account during that time.

**REQUIRED PAYMENTS:** any co-payments required by the insurance company must be paid at the time of service. Because this is an insurance requirement, we cannot bill you for these.

**RETURNED CHECKS:** There is a fee ( currently \$30) for any checks returned by the bank.

The Financial Policy continues on the next page.

Patient's name: \_\_\_\_\_

Responsible party's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_