

Welcome to Dr. McGinty's Office

Welcome to Dr. McGinty's Office. We strive to provide the best quality patient service possible. One way in which we do that is by informing you of both our policy and your responsibilities.

I _____ understand and agree that I am responsible for all charges incurred, regardless of insurance coverage.

We will bill insurance claims as a courtesy to our patients, provided we have your authorization to release dental and/or medical information necessary to process your claim. We accept payment from the insurance company, but require that you pay your portion, including deductibles, at the time of service. Any claim not paid in a timely manner by insurance will become your responsibility, regardless of insurance. The ultimate responsibility for payment of charges is the patient's. Insurance reimbursement is a contract between the patient and their insurance carrier.

Insurance policies have become increasingly complex over the years, and it has become impossible for our office to know your plan's limitations. Please become familiar with your plan coverage and be aware of its limitations, such as age, frequency, waiting periods, and other restrictions. Although we help with your insurance as much as possible, it is your responsibility to know your insurance benefits!

Please sign below so that we may confirm that you have read and understand our office policy regarding insurance and our responsibilities as a patient of Dr. Eileen McGinty's.

Signature _____ Date _____