

OUR FINANCIAL POLICY

Dr. Paul D. Braun

Thank you for choosing us as your health care 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, which we ask that you read and sign prior to any treatment.

**WE ACCEPT CASH, CHECKS, VISA/MASTERCARD, AND DISCOVER.
WITH PRIOR CREDIT APPROVAL, WE CAN ARRANGE AN EXTENDED PAYMENT PLAN**

Regarding Insurance:

1. As a courtesy to our patients, we will accept assignment of insurance benefits, however, we do require payment of any uncovered portion, such as deductibles and co-payment, to be paid at the time of service.
2. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid your account in full within 60 days, any unpaid balance will be due in full.
3. The balance is your responsibility whether your insurance company pays or not.
4. We cannot bill your insurance unless you bring in all insurance information.
5. 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.
6. Account balance over 60 days will be charged a service charge of 18. %
7. We are not a Medicare assignment provider. Consequently you will be responsible for all services provided in this office.
8. If you are a member of a Managed Care Insurance HMO or PPO, it is your responsibility to know your policy provisions and to inform this office.

INIT. _____

Financial Responsibility

1. Adult patients are responsible for payment at the time of service.
2. The adult parent or guardian accompanying a minor is responsible for payment.
3. For unaccompanied minors, non-emergency treatment will be denied unless prior financial arrangements have been made.
4. Financial arrangements are available to our patients, but must be made prior to treatment. Such financial agreements are a commitment of your part as well as on ours.
5. A service charge of 18. % per annum, will be charged on overdue balances.

INIT _____

Missed Appointments

Unless cancelled at least 24 hours in advance, our policy is to charge for missed consultation or surgical appointments at the rate of a normal office visit. Help us serve you better by keeping scheduled appointments.

INIT _____

If it becomes necessary to utilize an outside agency to collect a past due balance, a fee of \$45.00 will be added to an account before it is assistance.

INIT _____

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I have read the financial policy and understand and agree to this financial policy.

X

Signature of patient/responsible party

Date

sr/2010