

## OFFICE GUIDELINES

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 Office Guidelines. **We require you to read and sign this prior to any further treatment.** All patients must complete our information and insurance form before seeing the doctor.

1. Full payment is due at the time of service (unless previous arrangements have been made).
2. We accept cash, checks, or Visa/MasterCard.
3. We offer an extended payment plan with prior credit approval.

### Regarding Insurance

We may accept assignment of your insurance benefits in the event of active therapy. However, we do require you to pay the percent that your insurance company doesn't pay at the time of service. We can do a pre-estimate with the insurance to know what they will pay. The balance is your responsibility whether your insurance company pays or not. **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, the balance will automatically be your responsibility. Please be aware that some, and perhaps all, of the services provided may be non-covered and not considered reasonable and necessary under your insurance policy.

### Maintenance Patients with Insurance

Payment is due in full at the time of service; we will file your insurance claim and have them reimburse you.

### Work/School Appointments

It is impossible for Dr. Braun to see all of his patients outside of usual working/school (9-5) hours. Some appointments will have to be scheduled during these hours.

APPOINTMENTS REQUIRING ANESTHETIC MUST BE MADE PRIOR TO 3:00 P.M.

### Minor Patients

The adult accompanying a minor and the parent (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Visa/MasterCard, or payment by cash or check at the time of service.

### Missed Appointments

Unless cancelled/rescheduled at least **48 hours in advance**, our policy is to charge for missed appointments at the rate of \$90.00 per scheduled hour. If you are **scheduled for surgery we need five business days notice**. Please help us serve you better by keeping scheduled appointments. Please let us know if you have any questions or concerns.

I have read, understand and agree to these Office Guidelines.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Patient (if 18 years or older), or Guardian