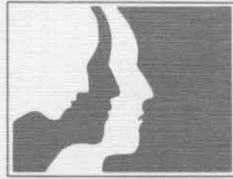


# BARRY R. FRANZEN, D.D.S.



## WELCOME

We would like to take this opportunity to extend our warm welcome to you, as you become part of our office. Your concerns and needs are very important to us and we wish to make you a very integral part in the decision making process of your treatment

We have prepared this form to help you better understand the complexities of medical insurance; we realize how confusing it can be. Most contracts will have limits and/or various degrees of co-payment.

All levels of payment by insurance companies, including allowed fees, usual and customary (UCR), are governed by the premiums paid. They have nothing to do with the actual charges. Our fees are base upon a combination of our costs, our time, and our constant dedication to supplying our patients with the highest quality care. The treatment recommended by our office is never based on what your insurance company will pay; your treatment should not be governed by your insurance contract.

As we do not belong to any insurance programs, we will do our best to try to get in-network benefits for our patients who need to go to designated doctors. We will also file all necessary paperwork to maximize all benefits available to you.

However, it should be understood, that the medical insurance contract is between the insurance company and the patient, whom bears the ultimate financial responsibility.

We hope this information has been helpful. Please take the time to review your contract thoroughly so we may best serve you. As always, you may feel free to ask any member of our staff for clarification on services, billing and insurance.

Please take this time to review our office policy regarding financial arrangements and insurance reimbursement.

LIMITED TO PROSTHETIC, MAXILLOFACIAL AND IMPLANT DENTISTRY

LINCOLN PROFESSIONAL CENTER • 10401 WEST LINCOLN AVENUE, SUITE 105  
MILWAUKEE, WISCONSIN 53227 (414) 543-5432

## OFFICE POLICY

We suggest your review your medical insurance policy or "benefits booklet" so that you may be made aware of the specific limitations of your contract. If these materials are not clear regarding benefits available, we recommend that you discuss the matter with the employee benefits manager at the place of employment or with the customer service representative of your carrier.

Again, we advise you to read your policy carefully and ask any questions you may have concerning the benefits available to you under the terms of your contract.

### **PATIENTS WITH BLUE CROSS/BLUE SHIELD/COMPCARE INSURANCE**

Due to excessive time delays and improper handling of claims we will no longer accept assignment from this company. **What this means to you is that fees will be due at the time services are rendered and your insurance company will reimburse you.** We will file all necessary paperwork on your behalf, but it will be your responsibility to contact your insurance company regarding payment.

For your convenience we accept MasterCard, Visa and Discover are accepted. Outside financing is also available through our office.

### **ALL OTHER COMPANIES**

We will file all necessary paperwork for your claim. **After 60 days from the time your claim is filed with your insurance carrier, any unpaid balance on your account will become your responsibility.** Therefore, it is your responsibility to pursue payment from the carrier. Any balance after payment will become your responsibility.

### **PREDETERMINATION OF BENEFITS**

We will make every effort to provide your insurance carrier with the information they need so you can receive in-network benefits at our office. Pre-certification and/or pre-determination will be made for extensive work. It will ultimately be your responsibility to communicate with your insurance carrier and receive your full benefits.

## **MEDICARE**

**As of March 1, 2010 we have chosen to opt out of the Medicare program.** This means we will no longer nor will you be able to submit claims to Medicare. Any services provided by our office will be your responsibility. Our financial policy is as follows: **Balances are due day services are rendered.** The financial arrangements for procedures that take more than 1 appointment will be as follows: **½ due at the start of treatment and the balance due the day of final insertion of prosthesis.** Any other arrangements must be discussed with Dr. Franzen prior to any work. Written treatment proposals will be provided for extensive work and discussed prior to treatment. Financial arrangements will be discussed at this time. **MasterCard, Visa, Discover and Care Credit** are accepted. Ask our office manager for details.

## **SERVICE CHARGE FOR OVERDUE ACCOUNTS**

Invoices for services due are payable at the time services are provided Failure to pay those charges will result in a service charge of 18% APR on the unpaid balance per month thereafter starting **30 days** from the date of invoice.

## **ACCOUNTS SUMMITTED TO COLLECTION SERVICES**

If the patient's account is submitted to attorneys for recovery of payment due for services provided, the patient **agrees to pay all costs incurred;** including actual attorney fees, as well as all statutory court costs and fees whether or not a formal judgment is entered against the patient.

In order to assist in the dissemination of medical/dental and scientific knowledge, or in the improvement of medical/dental diagnosis and treatment, I hereby authorize Dr. Barry R. Franzen, to publish, display or otherwise use photographs, videos or models, which he obtained in connection with my treatment. It is understood and agreed that the names will not be used or disclosed. Dr. Franzen will also send patient information and x-rays via E-mail to other professionals on a secure site.

**I HAVE READ AND UNDERSTAND ALL THE INFORMATION IN THE OFFICE POLICY. ANY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_