

BARRY R. FRANZEN, D.D.S.



WELCOME

We would like to take this opportunity to extend our warm welcome to you, as you become a 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 dental insurance; we realize how confusing it can be. To begin, we would like to highlight a misconception - dental insurance was not designed to pay for all dental care. Most contracts 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 based upon a combination of our costs, our time, and our constant dedication to supplying our patients with the highest quality dental 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.

However, it should be understood, that the dental 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

PATIENTS WITH DENTAL INSURANCE

As of May 1, 2000 this office will no longer accept assignment from insurance companies. What this will mean to you is that we will continue to fill out the appropriate paperwork and submit it to your insurance. The insurance company will send the payment directly you.

PRIOR DETERMINATION AND FINANCIAL ARRANGEMENTS

Balance is due at time service is rendered for all routine dental work. The financial arrangements for the following work – crowns, bridges, partials, dentures and implants will be as follows: **½ of the total will be due at the start of treatment; the balance will be due upon insertion.** Any other arrangements must be discussed with Dr. Franzen **prior** to any work. Prior determination will be done at the patient's request. Written treatment proposals will be provided for extensive work and discussed prior to treatment. Financial arrangements will be discussed at this time. Mastercard, Visa and Discover and Care Credit are accepted. Outside financing is also available through our office for your convenience.

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 SUBMITTED 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 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:** _____