

## CONSENT

We are pleased to welcome you to our office. New patients are always appreciated. Our practice has grown as a result of its excellent relationship with our referring patients. As our patient, please feel free, at any time, to express any concerns or to ask any questions that you may have for Dr. Krah or our staff. In order to assist you in making payment for your treatment, the following options are listed. Please read them carefully and feel free to discuss them with us.

**IF YOU DO NOT HAVE INSURANCE:** Payment is due in full at the time treatment is provided.

**PAYMENT:** You may make any payment using cash, check, Mastercard, Visa, Discover, or any bank check card. We also offer a 6-12-month interest free credit card which you can apply online at [carecredit.com](http://carecredit.com).

**IF YOU HAVE INSURANCE: We will submit your claim to your insurance carrier for you. You are** responsible, AT THE TIME OF YOUR APPOINTMENT, for any deductible or co-payment not covered by the insurance company. If the exact amount covered by insurance cannot be determined at the time for your appointment, you will be responsible for your deductible. Once our office has received payment from the insurance company, you will be billed for any amount still owed or you may fill out a voucher and have the amount applied to your credit card account. If there is a credit on your account, we can refund you that amount in the same form that the payment was made.

**INSURANCE PATIENT – PLEASE READ CAREFULLY:** The amount of coverage paid by your insurance company may be based on your insurance company's own reduced fee schedule for treatment and may be less than actual charges resulting in lower coverage for you. We have no control over this situation; lower payment is a direct result of the plan selected by your employer. Please be advised - WE CANNOT WAIVE CO-PAYMENT. WE ARE REQUIRED BY LAW TO COLLECT CO-PAYMENT.

**ADDITIONAL IMPORTANT INSURANCE INFORMATION:** Insurance companies are required by law to reimburse or respond to this office within 30 days of being billed. Delayed claims may result in your being required to pay the covered portion. We urge you to insist that your insurance company makes payment on time.

**LATE ARRIVALS AND FAILED APPOINTMENTS:** If you are delayed by more than 15 minutes, you will be required to reschedule. If you fail to show up for your appointment and it is not cancelled 24 hours before your appointment you will be charged a fee of \$30.00.

I have read all the information contained in this letter and fully understand the content.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_