

## OUR FINANCIAL POLICY

We are committed to providing you with the best possible care and are available to discuss our professional fees and financial policy with you at any time. Your clear understanding of our Financial Policy is important to your overall experience, as well as to our professional relationship. **Please take a moment to review and sign the following list of MIAS policies:**

### **Patient Information Form**

All patients must complete a Patient Information Form prior to seeing Dr. Kunz.

### **Payment**

**Full payment is due at time of service.** For any remaining overdue balances, you will receive a notice with your monthly statement. If payment is not received promptly, your balance will be sent to collection. Patients agree to pay any outstanding balances in full within 180 days from date of service. Past due accounts will be charged a 1.5% monthly interest rate as well as a \$10 monthly administrative late fee for balances of \$500 or less and \$20 for balances over \$500.

### **Insured Patients**

Dr. Kunz is an **Out of Network** provider for all private health insurance companies. As a courtesy, we will process a one-time billing to your insurance. You will be responsible for the timely payment of your balance. At your request, we would be happy to provide a copy of the Completed Insurance Claim Form.

### **Workers' Compensation Patients**

If you are being seen for a work-related injury, all invoices will be sent to your employer. To keep you up-to-date on your employer's payments and any remaining balance you would be responsible for, you will receive your own copy of monthly statements.

### **Medicare/Medicaid Patients**

If you are covered by Medicare, Medicaid or any other government-sponsored program, you will receive monthly statements to keep you up-to-date on payments and any remaining balance you would be responsible for paying.

### **Private Pay**

As a courtesy to our patients, and in some instances, we will extend financing arrangements. All cosmetic charges must be paid in full before the date of surgery, with check payment made one week prior to surgery. Signature of this form entitles MIAS official authorization to perform a credit check including, but not limited to a credit bureau report.

### **Missed or Canceled Appointments**

Please help us serve you better by keeping scheduled appointments. It is our policy to charge for missed appointments at the rate of a normal office visit if not cancelled with at least 24hrs notice.

**I hereby agree to the above policies and conditions.**

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

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