

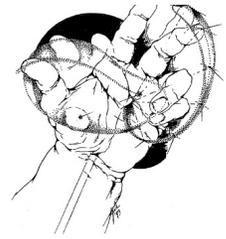
RAYMOND B. RAVEN III, M.D.

Hand & Upper Extremity Surgeon

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Cash Payment Policy

What is my financial responsibility for services?

The fee for cash consultations is **TBA** and is collected prior to seeing Dr. Raven. The **fee includes** x-rays, minor procedures (laceration repair and injections), splints, casting material and one follow-up visit (for the same problem). The **fee does not include** surgery or fracture care (bone setting), waterproof casting materials or braces over \$50.00. Fees for these services will be collected at the end of each visit.

The fee for future office visits for the **same problem is TBA**. The **fee includes** splints, braces under \$50.00, injections, and X-rays). The **fee does not include** waterproof casting materials or braces over \$50.00. Fees for those services will be collected at the end of the visit.

The fee for established patients with a **new/different problem is TBA** for the initial visit (including casts, splints, braces, injections and X-rays). The **fee does not include** waterproof casting materials or braces over \$50.00. Fees for those services will be collected at the end of the visit.

What if I need a major procedure (fracture care or surgery)?

If your condition requires a **major procedure** (fracture care or surgery) there will be an additional fee. The fee is determined by the diagnosis (ICD-9 code) and type of procedure (CPT code). As a courtesy, the initial consultation fee will be applied to the cost of the major procedure. The fee for **major procedures includes all future office visits within 90 days of the procedure** (including X-rays, casts, splints, braces, injections). The **fee does not include** waterproof casting materials or braces over \$50.00. The fee for office visits **after the 90-day global period for the same problem is TBA**.

If you elect to have surgery, Dr. Raven's assistant will walk you through the surgery scheduling process, discuss the paperwork and tests involved. Our office will also provide a detailed written explanation of fees and services. A payment for the procedure will be expected prior to surgery.

How may I pay?

We accept payment by cash, check, Visa, and MasterCard.

What if my child needs to see the physician?

A parent or legal guardian must accompany all minors and is responsible for all fees in accordance with to the policy outlined above.

I understand and accept the Cash Payment Policy

_____	_____	_____
Witness Name	Signature	Date
_____	_____	_____
Responsible Party	Signature	Date