

JOHN D. BRAY, M.D.

PEDIATRIC & ADULT ALLERGY/IMMUNOLOGY
PEDIATRIC PULMONARY DISEASE
SLEEP DISORDERS MEDICINE

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FELLOW
THE AMERICAN ACADEMY OF ALLERGY
& IMMUNOLOGY
THE AMERICAN COLLEGE OF CHEST PHYSICIANS
THE AMERICAN COLLEGE OF ALLERGIES
THE AMERICAN ACADEMY OF PEDIATRICS
THE AMERICAN SLEEP DISORDERS ASSOCIATION

DIPLOMATE
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IMMUNOLOGY (ADULT & PEDIATRIC)
AMERICAN BOARD OF PEDIATRICS
(GENERAL PEDIATRICS)
AMERICAN BOARD OF PEDIATRICS
(PEDIATRIC PULMONARY)
AMERICAN BOARD OF SLEEP
DISORDERS MEDICINE & CLINICAL
POLYSOMNOGRAPHY (ADULT & PEDIATRIC)

Instructions to Insurance companies from the Patient:

I expressly want the checks sent to John D. Bray, MD if filed by his office.

This is an insurance consignment and payment agreement between John D. Bray, MD and

All professional services rendered are charged to the patient. The patient is responsible for all fees, regardless of insurance coverage. We provide insurance forms to file on office visits if you so choose to file the claims yourself. It is customary to pay for services when they are rendered unless other arrangements have been made in advance and approved by our office manager.

There are a multitude of medical insurance companies and each company may have multiple types of medical policies. We do not and can not know each individual insurance company's policies in regards to their payment procedures, reasonable and customary limitations, pre-existing clauses, non-covered diagnosis, or non-covered medical procedures. Your individual medical insurance coverage should be thoroughly investigated by you and if a dispute should arise, a full payment will still be required in this office and it will be your responsibility to negotiate with your insurance company for reimbursement. I understand that I am ultimately responsible for all charges rendered regardless of the payment agreement reached by my insurance company.

Many times how the insurance companies pay have little to do with the relationship to what a service is actually worth, or what board certified specialist in a particular field are charging around the state. If you have questions about this point, please ask.

All balances are to be paid with cash, check, or credit or debit card. Should any problems arise with a check or debit or credit card, it should be handled immediately. If there is any refund due to the patient, we will promptly refund the balance.

We can not except full responsibility for collecting your insurance claims or for negotiating a settlement dispute. We will also not become a party to any disputes between divorced or separated parents. BOTH PARENTS ARE AND WILL BE HELD RESPONSIBLE FOR THE CHARGES ASSOCIATED WITH SERVICE PROVIDED TO THE CHILD OR CHILDREN REGARDLESS OF CUSTODY ISSUES.

I here by authorize Dr. Bray to furnish information to insurance carriers concerning my illness, and treatments. I am specifically requesting that any and all insurance payment be made directly to Dr. Bray.

Patient Name: _____ Date: _____

Signature: _____ Acct# _____

Witness: _____ Date: _____