

Insurance & Financial Policy

Our goal in discussing financial arrangements relative to your dental needs includes:

- To inform you of treatment alternatives
 - Their respective advantages and disadvantages
 - The consequences and/or risks of limited, delayed or non-treatment
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- ❖ Dr. Kirschner is a participating provider with CIGNA, Northeast Delta Dental and MetLife. If you are covered under one of these three insurance we expect you to pay your estimated co-payment at the time of service. If you are not covered under one of these plans we expect full payment at the time of service.
 - ❖ Professional services are rendered to the patient, and not to the insurance company. Thus, the patient is ultimately responsible to the doctor for payment of services rendered. Your health is important to us. Remember insurance companies do not dictate treatment, they only control what and how they will pay for procedures.
 - ❖ Please understand that the amount of benefits to be derived under your particular policy is a predetermined arrangement between your employer, you and the insurance company. However, this should not have control over what is in your best interest as far as treatment is concerned.
 - ❖ For your convenience, we will estimate the portion of the fee that your insurance company will not cover. This is just an estimate. You are responsible for any unpaid balance. We expect payment at the time of treatment. We accept Cash, Check, Master Card, and Visa. We understand this can at times be difficult which is why we also accept Care Credit as an alternate payment option.
 - ❖ It is not possible to know exactly what your insurance coverage will be prior to treatment, as treatment sometimes changes. We can ask for a predetermination of your benefits from your insurance company; however, this may delay treatment up to 6 weeks while we wait for the insurance company to respond. This may not be in the best interest of your oral health.
 - ❖ A finance charge of 1.5% per month will be added to any unpaid balance if payment has not been received within 30 days.
 - ❖ Should the services of a collection agency be needed, the responsible party agrees to pay an additional fee up to 50% of the unpaid balance. The responsible party also agrees to pay all legal fees, court costs, and bank fees involved in collecting the unpaid balance, with or without a lawsuit.
 - ❖ We reserve the right to charge for time reserved if less than 2 business days notice is not given to cancel or rescheduled your appointment.
 - ❖ A pre-pay discount of 5% will be offered for diagnosed work if it is paid by CASH or CHECK 5 business days in advance of your scheduled appointment.
 - ❖ Payment Options: Cash, Check, Visa, MasterCard, Care Credit.

I have read, understand and agree to the above stated Insurance & Financial Policy. If I am covered by CIGNA, Delta Dental, or MetLife I authorize my insurance company to make payment directly to the doctor for services rendered. I agree to pay my estimated co-pay/co-insurance at the time treatment is rendered, and agree to pay any uncovered balance. If I am not covered by CIGNA, Delta Dental, or MetLife I agree to pay the full amount of any treatment at time treatment is rendered. I also authorize the release of information for insurance purposes.

Signature of Patient (or Guardian)

Date