

m i c h a e l e . k u n d . m . d .
881 Third Street, Suite A 2
Whitehall, PA 18052
610-266-9048

FOR YOUR INFORMATION:

PATIENTS WITH INSURANCE COVERAGE:

We will be glad to bill your insurance carrier as a courtesy to you. Portions of the bill may not be paid by the insurance company and are to be paid by the patient. Sometimes there is a co-payment, deductible or part of a fee that is not covered by your insurance agreement. Even if you have double coverage (this is possible if you and your spouse both have insurance), there may still be a portion that will be your responsibility.

If you are having treatment over a period of time, we appreciate payment during the course of the treatment. Our business office will assist you in arranging a payment schedule.

Dental insurance is a contract between a patient and an insurance company, which agrees to pay certain prescribed benefits to the patient where dental costs are incurred. Few dental insurance plans pay 100% of the cost nor do they pay for all services. We encourage you to speak directly with your insurance company or employer regarding what services your policy covers and what co-insurance and deductibles may need to be met.

Insurance companies pay dental costs according to fee schedules which they have devised. The fee schedule may or may not coincide with the actual fees that are charged. Although insurers call their services usual, customary, and reasonable, in fact, often they are based on information gathered from one to three years previous. Therefore, in most cases what a dentist charges will be higher than what the insurance company reimburses. This does not mean that the dentist is over-charging; it means that the insurance company pays for what it has agreed to pay, not what has been charged.

I UNDERSTAND AND AGREE THAT I AM ULTIMATELY RESPONSIBLE FOR PAYMENT FOR ANY PROFESSIONAL SERVICES RENDERED, NOT MY INSURANCE COMPANY. I HAVE READ ALL THE INFORMATION ON THE PATIENT REGISTRATION FORM. I CERTIFY THAT THIS INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I WILL NOTIFY YOU IF ANY CHANGES OCCUR IN THE INFORMATION I HAVE GIVEN.

PATIENTS WITHOUT INSURANCE COVERAGE:

Patients without insurance coverage are requested to pay for services as rendered. We accept Visa, MasterCard, Discover, checks, cash, and debit payments.

ADDITIONAL TERMS:

Appointments cancelled with less than 24 hours notice or broken appointments are subject to a cancellation charge, which is equivalent to the time reserved for you.

Checks returned by your bank are subject to a \$31.00 processing charge.

If your account is referred for collection, you will be responsible for collection costs of the outstanding balance, together with court costs and reasonable attorney's fees.

We would like to take this opportunity to welcome you to our office and assure you that we will do our utmost to provide you with the best care possible.

I HAVE READ AND UNDERSTAND THE OFFICE POLICY FOR MICHAEL E. KUN DMD

Signature of Patient or Guardian

Today's Date