



Written Financial Policy

Thank you for choosing Kelner Periodontics! Our primary mission is to deliver the best and most comprehensive dental care available. An important part of this mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several **payment options**:

Insurance:

At Kelner Periodontics, we accept most insurance plans. We are happy to work with your carrier to maximize your benefits and bill your insurance company directly for your treatment. If your insurance plan requires a referral from your general dentist, it is your responsibility to bring it with you to your appointment. Pre-approvals are recommended prior to treatment to determine your benefits, however if treatment is done without a pre-approval and the insurance does not pay, then it will become your responsibility. Co-payments are due at the time of your appointment. If you go over your yearly maximum, you will be charged the balance. If we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

Cash, Check, or Credit Card:

We accept several forms of payment: cash, personal checks, Visa, Mastercard, Discover Card, and Debit Cards.

Financing:

We have partnered with CareCredit to provide our patients with convenient, interest-free, monthly payment options using CareCredit's Healthcare Credit Card. For more information, or to apply for a CareCredit Card, please inquire at our office or visit our website at: <http://www.kelnerperio.com/patientInformation.php>

We require payment at the beginning of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

Patients who cancel or do not show more than 2 times **without 48-hour notice** will be billed \$50 if scheduled for a cleaning and \$200 if scheduled for a surgical appointment. There is a \$30 fee for returned checks.

If you have any questions, please do not hesitate to ask. We work with each patient individually to ensure that you get the dental care and treatment that you want and need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

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