



WHERE THE  
WORLD COMES  
TO GET BACK  
IN THE GAME

Jonathan S. Kirschner, M.D.

**RESPONSIBILITY TO KNOW YOUR INSURANCE COMPANY**

Over The past decade, the number of different health care programs has increased at an amazing rate. Within one insurance company there may be several programs with varying benefits and requirements. It is the patient’s responsibility to know and keep up with their program and provisions.

Please understand your insurance plan’s regulations and protocol because unless you follow them carefully, your insurance company may decline all or part of you claim. Your insurance carries should have provided you with telephone number for you to use if you have any questions or concerns about your coverage.

“I understand that as the patient, it is my responsibility to understand my Insurance Plan.

I authorize the release of Dr. Jonathan Kirschner’s records to referring & family physicians, and to my insurance company, if applicable. I allow fax transmittal of my medical records, if necessary.

It is understood and agreed that my purpose in requesting examination and treatment is for medical purposes only and not in connection with pending or proposed litigation. Should such litigation arise, it is further understood and agreed that the treating physician will not participate in any way in litigation or fill out/sign forms relating to litigation or disability, except to provide a true and accurate copy of any medical records in the possession and control of this office pursuant to an authorization by the undersigned. “

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_