

CHALFONT DENTAL CARE, P.C.
Dr. Varvara Clark, D.D.S.
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Chalfont, PA 18914
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Chalfontdentalcare@verizon.net

FINANCIAL/INSURANCE POLICY STATEMENT

Our Policy Regarding Reserving Appointments

A **\$50 deposit** will be required prior to scheduling treatment procedures that require more than a **1 hour block** and will be applied to your balance. Once the appointment is scheduled, if you choose to **not show, cancel or reschedule less than 24 hours** of your appointment time, the deposit will be **non-refundable**.

Our Policy Regarding Dental Insurance and Payments for Service

You are fortunate to have dental insurance, whether you have purchased the plan or your employer has provided it for you. We will go the extra mile to help you maximize your benefits. As a courtesy, we will help by filing your insurance forms, which will save you considerable time and trouble. **We accept payments from most PPO dental insurance companies**, which reduces your immediate out-of-pocket expense.

Your dental insurance is not designed to pay the entire cost of your treatment, but it is intended to help cover a certain portion of the cost. Better terms for dental insurance may be “dental assistance” or “dental benefits.” You will be financially responsible for the total treatment fee.

Regardless of what we may calculate your insurance company to pay, it is only an estimate. Our estimate is based on limited information obtained from your insurance company. We cannot forecast what they will pay. **We do require that all deductibles and co-payments be paid in full at the time of service. In addition, all out-of-pocket payments for non-covered services and non-insureds are expected to be paid in full at the time of service.**

Please remember that the financial obligation for dental treatment is between you and this office, not between this office and your insurance company.

I have read and understand the above.

Patient/Guardian Name (printed) _____

Patient/Guardian Signature _____ Date _____