

Kathleen A. Varley, D.D.S.
James J. Varley, D.D.S.

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Our Financial Policy

Thank you for choosing Kathleen A. Varley, D.D.S. for your dental needs, we are committed to providing the finest dental care in a professional environment that inspires trust and confidence.

We believe that a clear understanding of the expectation that payment for services is included in that trust, and if you have any questions regarding our prices, policies, or your responsibilities please don't hesitate to ask.

Payment Options for patients to choose from:

Cash, Check, Visa, MasterCard or Discover Card; we also accept Flexible Spending and Health Savings Accounts

We offer a 10% full payment courtesy adjustment to **self-pay** patients who pay for their treatment with cash, check or credit card prior to or at the day of service.

Convenient Monthly Payment Options from **CareCredit** that allows the patient to pay over time. (Based on Credit approval)

- 6 and 12 Months Deferred Interest for charges \$200 and above
- 18 months Deferred Interest for charges \$2500 and above
- 24, 36, 48 Months with Low Fixed Interest for charges over \$1,000

**If you are having any kind of hardship, please speak to one of our front office staff members to make any necessary arrangements

Insurance Payments:

For patients with dental insurance, we are committed to helping you maximize your benefits by promptly processing the claims for your treatment. It is not typical for all of the charges submitted to be paid by insurance, therefore, the patient will be responsible for the remaining unpaid portion.

Please note:

We strive to charge only what is usual and customary for our area.

We are pleased to provide an estimated cost of treatment in writing.

For plans requiring multiple appointments, alternative payment arrangements may be provided. For larger, more comprehensive treatment plans of **\$500** or more, a 50% deposit is required at your initial appointment.

Our office charges \$25 for returned checks.

A 1.5% service charge (18% per annum) may apply to past due balances.

Any quoted fees are an estimate only and are valid for a period of one year.

If your account becomes delinquent (over 6 months past due) we may submit your account to a third party collection agency.

Cancellation Policy:

Please understand that our appointment times are scheduled to allow us to take care of each individual patient's needs during the patient's visit, and are, therefore, very valuable. Due to the value of each appointment, it is necessary for us to maintain a No Show/Cancellation Policy for all of our patients.

If you are unable to make your appointment or your appointment is no longer needed, we request that you cancel/ reschedule your appointment prior to 24 hours before your scheduled time. We understand life can change in an instant, so we will not charge you for your first missed or cancelled appointment. In the event a second appointment is missed or cancelled with less than 24 hours notice or no notice, we will charge your account a \$25 fee. If a third no-show or same day cancellation occurs, we will charge your account another \$25 fee, as well as limit all future appointments to only be same day appointments.

Refund Policy:

A patient may discontinue treatment and request a refund for amount paid for service not yet completed.

If a credit balance exists on an account after 12 months for any reason, with no activity, we will attempt to contact the patient to inquire if they would like to be refunded or if they would prefer to leave the credit on the account for future use. If we are unable to contact the patient, we will issue a check for the refund and mail to the last known address.

After the request for a refund and upon confirmation of the credit balance, we will issue a refund check within 10 business days. In the case of a CareCredit refund, we will credit back the patient's CareCredit account.

You may request a refund in person at our office, by calling our office at 614-864-4200, or by email at varleydds@gmail.com.