Caln Family Dental

3149 Lincoln Hwy, Thorndale Pa. 19372

I understand that I am responsible for payment of services rendered. In addition, I am responsible for paying any co-pay and/or deductibles that my insurance carrier does not cover. Upon request of estimated co-payment, I am aware this is an estimate and is not a guarantee of payment due. My insurance company reserves the right to not pay what is expected. If I choose to request a preauthorization for any dental work treatment planned, I understand the insurance company may take 4-6 weeks for a response and this also is not a guarantee of payment from my insurance carrier.

Print Name:_____

Signature:_____

Date:_____