



## OFFICE AND FINANCIAL ARRANGEMENTS

We are delighted that you have chosen us to be your dental health provider. We are committed to providing you with exceptional dental care. We will always present you with appropriate and complete treatment options regardless of cost or insurance considerations. We respect your right to choose the care that fits your needs and desires.

### APPOINTMENTS

Your appointments are scheduled on your request and at your convenience. You will receive appointment reminders by text, email and/or phone calls.  
Please stay in touch.

- **Your appointments must be confirmed. This is very important to us.** You can Confirm Appointments via text, email or phone call.
- If you cancel 2 appointments with less than 48 hours' notice a Rescheduling Fee of \$50 will be charged before future appointments.
- Or if you fail to show for 2 appointments you will be dismissed as a patient of Z dentistry.

### PAYMENT OPTIONS

- Z dentistry offers membership plans which cover routine *and* preventative dental care including a 20% discount for treatment services.
- *Your payment is required at the time of treatment.*
- Cash, personal checks, Mastercard and Visa cards are accepted as payment.
- CareCredit financing is available for those who desire a payment plan.
- If you have insurance, we will reduce your payment by the amount of your insurance company's estimated payment.

### INSURANCE BILLING

All services are provided directly to you and are your financial responsibility. We can estimate what your insurance company will pay, but insurance companies give estimates only.

Dental insurance plans are designed by your employer to share in your dental costs. Most plans cover between 50% and 80% of the cost of dental treatment. Z dentistry cannot guarantee the amount of your coverage or the details of your dental plan.

As a courtesy to you, Z dentistry will process your insurance claim and accept payment from your insurance company. We will wait 45 days for payment from your insurance company before billing you.

If your insurance does not pay within 45 days you are responsible for immediate payment of your bill.

\_\_\_\_\_ (YOUR INITIALS HERE) I understand that I am responsible for my dental bill.

### DELINQUENT ACCOUNTS

Should your account become delinquent (60 days or older), interest charges will accrue at the rate of 18% APR. If your account is turned over to a collection agency, collection costs (40%) and attorney fees will be added to your balance.

Returned checks will be assessed a \$35 charge.

Thank you for reading and understanding our office guidelines. We welcome your questions.

I have read all information stated above.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_