

Zoma Dental Financial Policy

Insurance Policy

As a courtesy, we are happy to submit insurance claims on behalf of our patients. However, it is the patient's responsibility to provide current, accurate, and active insurance information at the time of service.

It is also the patient's responsibility to understand their individual insurance benefits. While we will make every effort to estimate your portion prior to treatment, please be aware that all estimates are subject to change based on your insurance provider's final payment. Patients are responsible for any remaining balance not covered by insurance.

Please note:

- We are contractually obligated to collect any required payments (e.g., co-pays, deductibles) at the time of service.
- Patients without active insurance must pay in full at the time services are rendered.
- Most insurance policies have annual maximums. Patients are responsible for tracking these limits and for any charges exceeding their coverage.
- If your insurance company issues payment directly to you rather than to Zoma Dental, you are responsible for the full account balance, and immediate payment will be required.
- If balances remain unpaid, future appointments may be rescheduled or cancelled until the account is settled.

Missed / Cancelled Appointment Policy

We understand that unforeseen circumstances may arise. However, we kindly request at least 48 hours' notice for any appointment cancellations or changes.

- A cancellation or no-show fee will be applied if adequate notice is not provided. The fee amount will depend on the type of appointment that was reserved.
- For certain extended or complex procedures, a deposit of 50% may be required at the time of scheduling due to the significant time and resources allocated.

Payment Options

We accept the following forms of payment:

- Cash / Check / Credit Card (Visa, MasterCard, Discover, American Express) / CareCredit Financing

CareCredit Financing

If financial arrangements are needed, CareCredit is an excellent option offering flexible payment plans.

- Options include interest-free plans (if paid within the promotional period) and extended plans with interest.
- There are no prepayment penalties.
- Approval is based on credit history, income, and a valid form of identification.

We are happy to assist you with the application process.

Acknowledgment

I have read and understand the practice's financial policy. I acknowledge and accept responsibility for all charges incurred for services provided.

Patient Name: _____ **Date:** _____

Patient Signature: _____