JAMES R. ZORA, D.MD.

Family & General Dentistry

Zora Family Dental
555 East Bruceton Rd.
Pittsburgh, PA 15236

Financial Agreement

Appointments

- Broken appointments and last minute cancellations contribute to rising costs of dental care. We understand last minute emergencies occur, however, we require 24 hours notice of cancellation to be given. Failure to do so could result in a nominal fee of **$35.00**. After 3 consecutively missed or cancelled appointments we will be happy to send your dental records to another dentist as we will have to dismiss you as a patient.

Insurance

- For insured patients, we submit claims to your insurance company free of charge as a COURTSEY. Your **ESTIMATED** portion will be collected at the time of service.
- Please keep in mind that dental insurance does not always cover 100% of your treatment in most cases and **YOU** are responsible for knowing your dental insurance benefits and co-pays.
- We calculate your co-pay to the best of our knowledge for procedures however; you are ultimately responsible for any balance.

Co-Payments

- Patients are expected to pay for services provided at the time of service. Patients with dental insurance are expected to pay their deductible and ***ESTIMATED*** co-pay at the time of service. Please see the front desk if you need special payment arrangements.
- **Payment Options**
  - Cash, check, Visa, MasterCard, Discover, American Express, debit cards
  - CareCredit financing

By signing below, you have read and understand all of the above requirements of this financial agreement and have had the opportunity to ask any questions.

Patient/Parent (if under 18 years old) Signature: _____
Date: _____