



Daniela A. Zambon, D.D.S, M.S., PC
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Financial, Insurance & Appointment Policies

Financial Policy

- Payment is expected at the time services are rendered.
- For surgical procedures, payment is expected at preop appointments.
 - o We accept cash, checks, Care Credit ®, and all major credit cards (except American Express).
 - o There is a \$50.00 fee for returned checks.

Insurance Policy & Pre-Estimates

- We understand that you may have dental insurance. As with most specialty providers, we are considered out of network. Our treatment plan is based on your needs as a patient and not according to your insurance coverage.
- We will gladly file your PPO insurance claim when treatment is rendered.
- At the time of your exam, our office can request a pre-estimate of benefits from your insurance.
 - o It is important to understand, even if a pre-auth has been submitted and received from the insurance company, it is not a guarantee of payment.
 - o Your insurance maximum and coverage limits will determine the payment.
- For patients with Delta Dental: It has been our experience that Delta Dental will reimburse you directly for your treatment costs. We typically do not receive any claims communication from them. Therefore, payment will be collected upfront or payment arrangements can be made.
- Any outstanding balance after insurance payment is expected to be paid within 4 months. Payment will be automatically charged to a card on file (debit or credit) if no payment is received.
- For patients paying with Care Credit ®, the entire surgical treatment fee will be paid in full to schedule.
 - o The monthly payments will then be made directly to Care Credit ®.

Appointment and Cancellation Policy

- All surgical appointments require 5 business days-notice for cancellation or rescheduling.
 - o If less than 5-business day notice is given, a fee of \$500.00 will be charged.
- A \$75.00 fee will be charged for late cancellation under 72 business hours for any appointment.

Late Patient, No Show Policy

- Patients who arrive more than 15 minutes late to their appointment time may be asked to reschedule as a courtesy to our other scheduled patients.
- A \$75.00 fee will be charged for those who fail to show to a scheduled appointment.

To acknowledge that you have read and understood our policies, please print and sign below.

Patient Acknowledgement _____ Date _____

Office Administration Signature _____ Date _____