



Written Financial Policy

Thank you for choosing Zohni Family Dental for your oral health care. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible offering several payment options.

Payment Options:

Cash or Check

MasterCard, Visa or Discover Card

We offer a 5% courtesy adjustment to patients who pay for their treatment in full with cash or check prior to completion of care for treatment plans of \$2000 or more.

CareCredit:

NO INTEREST⁽¹⁾ Payment Plans⁽²⁾

Allows you to pay overtime without INTEREST CHARGES

Convenient, low month payment plans, available through CareCredit

No annual fees or pre-payment penalties

Patients who have dental insurance, we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. ⁽³⁾

A fee of \$100 is charged for patients who miss or cancel an appointment without a 24-hour notice.

There is a \$50 returned check fee.

If you have any questions, please do not hesitate to ask. We do our best to give our patients information so that they may obtain their optimum dental care.

Patient, Parent, or Guardian Signature _____
Date

Patient Name: Please Print

⁽¹⁾ If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.
⁽²⁾ Subject to credit approval
⁽³⁾ However, if we do not receive payment