

28632 Roadside Dr.,
Suite 270-B
Agoura Hills , Ca 91301

Tel: 818.706.6077
Fax: 818.706.6090

www.AgouraHillsDentalDesigns.com

Appointment Policy

We attempt to make confirmation calls, send texts, as well as emails and voice mail messages at least 48 hours in advance of your scheduled appointment as a courtesy. Therefore, we ask that our patients kindly give us a 48 hour notice if there is a need to cancel or reschedule an appointment. A one-time consideration will be made for failure to give notice. Any cancellations or no shows after that will be charged a \$50.00 fee

Thank you for your understanding of this matter, as we strive to provide the best quality care for our patients.

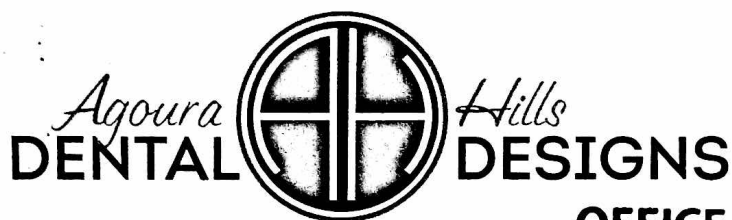
Sincerely

Dr. Kumars Rahimi and Staff

I have read the above appointment policy, and I understand that I will be charged if I fail to show up for my scheduled appointment.

Patient Signature

Date



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OFFICE POLICY Financial Policy

To our Valued Patients:

In today's world of rising prices we are trying to keep our fees at the minimum by implementing clear and exact payment policies. This helps reduce our overhead allowing us to pass the savings on to our patients.

Here is how this policy works: We will continue to file insurance claims on your behalf as always. For your insurance co-payments, or if you are uninsured, we offer the following payment policies:

1. We offer a 7% Professional Credit on fees over \$500 that are paid in full before the day of treatment. (Payment in Advance)
2. Patients with Insurance are required to pay their Deductible and Estimated Portion (Co-Pay) in advance, before treatment is given.
3. The patient, or guardian of a patient if the patient is a minor, is fully responsible for the total cost of treatment. This means that you must pay any amounts not covered by your insurance carrier.
4. Regarding Insurance:
 - a. Our relationship is with you, the patient; not the Insurance Carrier
 - b. You own the relationship with your Insurance Carrier. You are their customer.
 - c. We do handle the Insurance claim paperwork for you as a courtesy BUT if we do not receive payment from your Insurance Carrier in 45 days, payment becomes your responsibility.
5. We have made arrangements with a health care financing program to provide our patients extended payment plans at low interest rates, including a 12 month interest-free program. Applications are available from our front office staff.
6. Our goal regarding service is "No Patients Waiting". We are making every effort to stay on schedule. Please help by being prompt for your appointment.
7. Your appointment time is reserved for you. We reserve that right to charge 50% of the treatment fee or \$50 for missed appointment. (To avoid this please call and cancel or change appointments 24 hours in advance.)

I have read the above policies and agree to abide by them.

Signed: _____

Date: _____