

Reza Malekzadeh DDS

Diplomate of the American Board of Periodontology
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OFFICE FINANCIAL AND CANCELLATION POLICY

As a condition of treatment by this office, I understand financial arrangements must be made in advance. The practice depends upon reimbursement from the patient's for the costs incurred in their care and financial responsibility on the part of each patient must be determined before treatment.

All emergency dental service, or any dental service performed without prior financial arrangements, must be paid for at the time services are performed.

To avoid any misunderstanding regarding dental insurance, we will obtain verbal pre-estimation of your dental benefits prior to treatment. Please note that dental predetermination, whether written or verbal is NOT A GUARANTEE OF PAYMENT BY YOUR DENTAL INSURANCE COMPANY.

I understand that dental services furnished to me are charged directly to me and that I am personally responsible for payment of all dental services. If I carry insurance, I understand that this office will help prepare my insurance forms to assist in making collection from insurance companies and will credit such collection to my account. However, this dental office cannot render service on the assumption that charges will be paid by an insurance company.

A service charge of 1½% per month (18% per annum) (but in no event more than the maximum rate permissible under state law) will be charged on the unpaid balance on all accounts not paid within 60 days of treatment date. Accounts not paid in full by 90 days of treatment will be transferred to an outside collection agency for recovery of the outstanding balance and you will be responsible for legal fees, collection agency fees, interest charges and any other expenses incurred in collecting your account.

I understand that the fee estimate listed for this dental case can only be extended for a period of six months from the date of the patient's examination.

To respect your time and to allow us to provide ongoing care to our patients, your scheduled appointment time will be confirmed by our staff 24 to 48 hours prior to your appointment Monday to Friday. A 48-hour notice of cancellation by YOU is necessary (Monday to Friday, NOT weekend/holiday) or a \$100.00 per scheduled hour or fraction thereof will be made.

A member of our staff must confirm you by phone 24-48 hours before your appointment or YOU MUST CONFIRM YOUR APPOINTMENT YOURSELF during the prior 48 hours Monday to Friday. If you do not contact us or you cannot be contacted by us by 3:00 p.m. the afternoon before your appointment (Monday to Friday), it will be assumed you are unavailable. Thereafter, YOUR APPOINTMENT WILL BE CANCELLED at no charge and another appointment will be made at the earliest convenience of both you and the office, when you and our office have been able to make contact.

This cancellation policy applies to both Dr. Malekzadeh and the Hygienist.

Date: _____ Signature: _____