

Acknowledgement of Receipt of Dental Materials Fact Sheet

****You May Refuse to Sign This Acknowledgement****

I acknowledge that I have been informed and have access to the Lida Kashani DMD, Dental Materials Fact Sheet.

Acknowledgment of Receipt of Privacy Practices

****You May Refuse to Sign This Acknowledgement****

I acknowledge that I have been informed and have access to Lida Kashani DMD, Privacy Practices containing a more complete description of the uses and disclosures of my health information.

Office Policy

1. Missed/Cancelled appointment: A missed appointment or late cancellation fee of \$25 will be accrued for any notice less than 24hours. Repeated cancellations or missed appointments will result in loss of future appointment privileges.
2. Returned Checks: There will be a \$25 fee for all returned or stopped checks after services are rendered.
3. Insurance patients: AS A COURTESY we will file your insurance claims for you. Any portion not covered by your insurance plan is your responsibility. We will try to estimate your patient portion as accurately as possible and payment will be due at the time of service. For your convenience, we offer the option to keep your credit or debit card on file to charge your portion after your insurance claim has been processed.
4. Non Insurance Patients: On the day of service, we will collect your portion for the services rendered.

Transferring Records and X-rays

When requesting copies of your dental records/x-rays, we ask that the request be made in writing. We will make every attempt to have the records available within five to seven days of the request. Depending upon chart size and format of the record duplications, a fee of \$50.00 may be applied.

I have read, understand, and agree to abide by the above.

Patient name printed: _____

Signature of Responsible party: _____

Relationship to patient: _____

Date: _____

