

APPOINTMENT AGREEMENT

for the office of

ALEXANDER MAZRATIAN, DDS

At this office we strive to offer the best of care to all our patients. We understand that everyone's time is very valuable. If for some reason you cannot make your scheduled appointment, we ask that you contact the office as soon as possible. This will allow us the opportunity to take your scheduled time and offer it to other patients needing to come in sooner. Therefore, in consideration for our patients and staff we require 24hr notice to reschedule appointments. Appointments that are broken without notice are a benefit to no one.

I understand that I am responsible for the full payment of any services rendered in office upfront, at the time services are rendered. I also understand that Dr. Mazratian is not in network with any dental insurance provider. As a courtesy to our patients we can file your insurance claim for you, however we cannot guarantee insurance reimbursement.

I agree to place a deposit down for recommended dental services of no less than **\$100.00**. This money is a deposit to reserve my appointment time. This deposit is separate from the charges for the initial consultation fees. I understand this money will go towards money that is owed on my scheduled appointment. I further realize that should I break this appointment or any other appointments without **24hr. notice** this money is forfeited. However, if I have to cancel my appointment and give at least a **24hr. notice**, this money may be returned to me or credited to my account for future therapy without penalty at my request.

If I choose not to schedule an appointment today I am aware that at any time I can mail in the payment, make a payment via phone, or return to the office and make the deposit and schedule the appointment.

I understand that this is the policy of this office and agree to the terms.

Patient/Guardian Signature

Date

Staff Signature