

HAZIM DENTAL CLINIC P.C.

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OFFICE POLICY FORM

It is our Office Policy to do all we can to help patients make it to their appointments. We try to call and confirm patients' appointments the day before the scheduled appointment. Sometimes we run into a disconnected number, a no-phone situation, or we leave a message that we are not sure you will get. If you don't hear from us, please call us to confirm your appointment so we do not give it to someone else. We make every effort to verbally confirm your appointment and get a commitment from you (the patient) or the responsible party to make that given appointment. "No Shows" still happen and this is lost time for our office. Therefore, our practice charges \$25.00 per half hour for "No Shows" appointments. This will be billed directly to you and will not be covered by insurance. Signing this form indicates that you understand the fee and will pay it. There is a 24 hour notice required to cancel your appointment.

Multiple "No Shows" confirm to us that the patient/office relationship is just not working. Therefore, after multiple "No Shows", our policy is to write a letter to the patient that transfers the patient out of our practice. That letter is a 30 day written notice, during which time we will see the patient for emergency care only.

We would also like to remind you that if for any reason your dental insurance should expire or does not cover your work done today or in the future, payment in full becomes the responsibility of the patient or responsible party.

Finally a few words about being late for appointments. Our Office Policy is that being fifteen (15) minutes or more late without phoning the office is considered a "No Show". However, considering that many appointments are scheduled for long periods/block of time, we may be able to do some part of the treatment you were scheduled for, that is if a sufficient amount of time is still available and no one has been called in to fill your appointment.

Thank you,
The Management

Signature of Responsible Party or Patient: _____ Date: _____