

Sharokina Eshaghi, D.M.D.
2813 Coffee Rd. B-2 Modesto, Ca 95355
Phone Number: 209-526-4884
Fax Number: 209-526-6133
Email: eshaghidmd@gmail.com

Patient Authorizations And Agreements

We are committed to providing you with the best possible care and helping you achieve your optimum oral health. Toward these goals, we would like to explain your financial and scheduling responsibilities with our practice.

Payment:

Payment is due at the time services are rendered. Financial arrangements are discussed during the initial visit and a financial agreement is completed in advance of performing any treatment with our practice. We accept the following forms of payment Visa, MasterCard, American Express, Discover, Care Credit, Cash or Check.

Dental Benefit Plans:

Your dental benefit is a contract between you or your employer and the dental benefit plan. Benefits and payments received are based on the terms of the contract negotiated between you or your employer and the plan. We are happy to help our patients with dental benefit plans to understand and maximize their coverage.

Scheduling of Appointments:

We reserve the doctor and hygienist's time on the schedule for each patient procedure and are diligent about being on time. Because of this courtesy, when a patient cancels an appointment, it affects the overall quality of service we are able to provide. To maintain the utmost service and care, we do require 48-hour notice to reschedule an appointment. With less than 48-hour notice, a minimum fee of \$75.00 will be charged for the missed appointment.

Patient Authorizations:

I understand that the information I have given today is correct to the best of my knowledge. I authorize Sharokina Eshaghi, DMD and her dental team to perform any necessary dental services that I may need and have consented to during diagnosis and treatment. I have read the above and agree to the financial and scheduling terms. I authorize the release of information necessary to process my dental benefit claims. I hereby authorize payment directly to Sharokina Eshaghi, DMD.

Voice Messages:

I understand brief messages from the dental practice may be left on my home answering machine or with anyone who answers the telephone at my home unless I have provided the practice with alternate instructions for communication.

Email:

Except for appointment reminders, we use secure methods to electronically communicate with our patients. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by unauthorized third parties. However, you may consent to receive unsecured email from us regarding your treatment. We will use the minimum necessary amount of protected health information in any communication.

Cell phone:

I consent to the dental practice using my cell phone number to call or text regarding appointments and to call regarding treatment, insurance and my account. I understand that I can withdraw my consent at any time.

Proposition 65 Warning:

Certain dental procedures performed in this office can expose you to chemicals known to the State of California to cause cancer or birth defects or other reproductive harm or both. Those procedures can include sedation with nitrous oxide, root canals, placement or removal of crowns, bridges, and restorations such as mercury-containing fillings and use of dental appliances. Consult your dental care provider about these exposures and which materials are appropriate for your treatment. Additional information is also available at www.P65Warnings.ca.gov/dental.

Signature _____

Date _____