



CROSSROADS DENTAL

Family and Cosmetic Dentistry

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OFFICE POLICY

Starting April 1st, 2010 **we will perform treatments that are fully prepaid.**

Our office will be more than happy to schedule a treatment appointment with a 10% down payment of the total treatment needed for that day.

We will be able to cancel your appointment less than 24 hours or, to give you a copy of your record for a small **fee of \$30.00.**

Please be aware that you are responsible for any balance toward your dental treatment that is not paid by your insurance.

We will do our best to help you with your dental treatment and we appreciate your cooperation in this matter.

Thank you.

Patient Signature: _____

Patient Name: _____

Date: _____