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Cancellation/Missed Appointment Policy

Our goal is to provide the best quality dental care possible in a timely manner. In order to do so, we have implemented a new cancellation/no-show policy. This policy enables us to better utilize available appointment for those patients in severe pain needing immediate care and attention.

Cancellation of an Appointment:

In order to be respectful of the dental needs of other patients, please be courteous and call the office promptly if you are unable to attend your appointment. This appointment time will be reallocated to someone who is in urgent need of treatment. **If it is necessary to cancel/reschedule your scheduled appointment, we require that you call at least 1 Business Day in advance.**

For example, if your appointment is Monday at 3 PM, then please call us on before 1 PM on Friday.

How to Cancel/Reschedule Your Appointment:

To cancel appointments, please call our office at **908-218-0770**. If you do not reach the receptionist, you may leave a detailed message on the voice mail. You may also email us at smile@kandcperio.com. If you would like to reschedule your appointment, please be sure to leave us your phone number and let us know the best time to return your call.

No-Show Policy:

A "no-show" is someone who misses an appointment without calling 1 Business Day in advance to cancel. "No-shows" cause inconvenience to those individuals who need access to emergency dental care in a timely manner, as well as to the physician and staff. A failure to show at the time of a scheduled appointment will be recorded in the patient's chart as a "no-show". The "no-shows" will result in a **no-show fee of \$75 for maintenance visits and \$150 for surgical appointments**. If a patient accumulates 3 "No-shows", he or she may be asked to leave the practice.

Late Cancellations:

Late cancellations are appointments cancelled less than **1 Business Day** in advance. Exceptions will only be made in extraordinary circumstances. Cancellations made more than 1 Business Day in advance of your scheduled appointment time will not be assessed a cancellation fee. **The "Late-Cancellations" will result in a fee of \$50.**

Please remember that you may also be the one in need of urgent dental care. We would like to provide the best and fair dental care to all our patients. Thank you for your understanding.

Initial: _____