

Steven M. Kim, D.D.S
10614 SE Kent Kangley Rd Ste 102
Kent WA 98030

RE: 24Hr Cancellation Fee

Dear Patients,

Dr. Kim's practice is growing quite rapidly, something that we are very excited about! Unfortunately this means that immediate attention for some patients can not be scheduled for up to two weeks from their initial diagnosis appointment. We do apologize for that inconvenience. This letter is to make our patients aware of our cancellation policy. If an appointment must be missed or rescheduled, we do require a **24hr** notice. If a patient does not call within 24 hours of their appointment time, a **\$50.00 per hour** scheduled charge will be accessed to their account. (i.e. 2 hr appt = \$100, 1.5hr appt = \$75 etc) This is a charge that insurance will **not** pay for. This will help us in keeping our schedule full and allow us to accommodate patients who are on the ASAP waiting list.

We appreciate your cooperation in this matter.

Dr. Steven M. Kim and Staff

Please sign and return to the receptionist

I acknowledge that I am financially responsible for all charges. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize the doctor to release information necessary to secure payment of benefits.

Signature _____ Date _____

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