

DENTAL LIFE
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To My Valued Patient,

The goal of our office is to create an exceptional dental practice of unified professionals that provides dental care to create and maintain optimum oral health for all patients. I have a personal, professional, and ethical responsibility to care for your health to the best of my ability. Missed appointments and failure to comply with recommended treatment schedules and/or procedures prevent me from achieving optimum oral health for you. Therefore, the following policies must be agreed upon:

1. No-shows are not acceptable. Failure to keep an appointment not only compromises your health but inconveniences other patients who may have requested an office visit during your scheduled appointment. If you cannot keep an appointment (except in the case of an emergency) you are expected to call within 24 hours of your appointment to cancel and reschedule. There is a \$50.00 fee for every 30 min of your no-show appointment time and this fee is not covered by insurance.
2. Timeliness is required. We will see you on time and get you out on time unless there is an emergency. We request that you be on time for your visits. If you are more than 10 minutes late, you may have to reschedule your appointment.
3. Cleanliness and infection control are of the utmost importance. We have the latest sterilization technology and disinfect each treatment room after every patient. This is another important reason we demand timeliness of ourselves and you.
4. To avoid setback in the care and maintenance of your oral health it is critical to show up for your appointment. If you miss your appointment please make it a priority to reschedule it promptly.
5. Insurance: Treatment recommendations are based on your health not on your insurance coverage. If you have insurance it is your responsibility to be aware of your benefits. We will provide you with an estimate of benefits; however you are fully responsible for any treatment performed. Your benefits are a contract between you and your insurance company. We cannot be responsible for what your insurance will or will not cover.

6. We expect payment in full prior to or at the time treatment is provided. We have several financial options available.
7. Our policy is to make your experience in our office an exceptional one. When we succeed, we would appreciate you telling your family and friends about our office.
8. Complaints/Conflicts. It is our policy to ensure the satisfaction of our patients with the service and care they receive at our office. However, it is possible on occasion that there may be a misunderstanding or miscommunication. We will do everything in our power to make things right should conflict occur. Please bring any problems to our attention in an appropriate, cordial manner at a time that we can give the matter the proper attention it deserves for effective resolution. Please see Sharmin to resolve immediately any problem you may have with my office or one of my team members.
9. Emergencies. It is our goal to eliminate all of the potential dental emergencies you may have by providing care for you before it becomes a problem. In the rare instance that you do have an emergency we want you to be assured that we will take care of you. In order to do this we would like define what a true emergency is. Swelling, bleeding, or severe pain that has kept you up at night or requires medication, or a restoration in a visible area that falls out are all considered emergencies. If you have any of these symptoms we ask that you call us right away. We will provide you with the next available emergency appointment. We do set aside time each day for emergencies.

I greatly appreciate your cooperation.

Yours in Health,

Richard Kim D.D.S.

***I give consent to the Dental practice to use my cell phone number to call or text regarding appointments, dental treatment, insurance, and my account.**

Patient Name

Office

Patient Signature

Date