

Byung Sun Yoo, DDS, Inc.
APPOINTMENT POLICY

Welcome to our office! We have your best interest at heart and want you to be happy and satisfied with the high quality of your dental care and with the sincere and frank discussion of our appointment policy.

Many patients are used to the “clinic” type practice, and are surprised to find that we are usually on time. Most medical and dental clinics do not save time for each individual, but instead appoint several patients at, or near, the same time. That type of scheduling provides the doctor a steady flow of patients for treatment, but does not respect the patient’s time.

Time and treatment are what patients essentially pay for. Our time and expertise are all we really have for sale. Our staff arrives 30 to 60 minutes before the first appointment of the day to outline how best to use the time saved for each appointment. That is how we stay on time so well.

Occasionally there is a problem with patients who are not used to keeping on schedule themselves. Patients who are usually a few minutes late wherever they go will discover, at our office, we are sometimes unable to see late patients. This is because the doctor and/or the hygienist’s time are reserved for each patient. We have found that most patients respect our time as much as we respect theirs.

When an appointment is missed, for any reason, we explain again our late/cancellation appointment policy. It is very simple. We require a 48 hour notice for cancelled or rescheduled appointments (Saturday and Sunday excluded) or there is a \$60.00 fee for each hour of appointment time reserved. This allows us time to schedule another patient and the time is not lost.

We have followed this policy of charging for failed appointments for over 20 years. It has been very well accepted. Since we only sell time and treatment, it is the only logical to charge those who reserve time and then waste it.

Any questions I have concerning my appointments have been answered. I have read this statement and fully understand it.

Signature: _____ Date: _____

Print Name: _____