

Lyudmila E. Shur D.D.S.



OFFICE POLICY

No show & Cancellation:

As we continue to provide high quality yet affordable dentistry it is important for our patients to understand that appointments are reserved for you in advance; please make every effort to keep your appointments.

____ Initial's **You must notify us within 48 hours if you need to reschedule or cancel your appointment to avoid charges of \$25 for every 30 minutes of time we reserved for your appointment.** We have the right to terminate you as a patient at any point for NO SHOW and LATE CANCELLATIONS.

Please understand that if there is a valid emergency we will make every effort to accommodate you.

Patients with Dental Insurance:

It is your responsibility to know your dental plan, and to let us know of any changes at each appointment. We will continue to try and help you understand your policy but please be aware there are thousands of different policies and we do not know all of the limitations for all the plans out there.

____ Initial's **If for any reason your insurance company does not pay for a procedure the balance is your responsibility to pay in full upon receipt of the statement.**

By signing this, I have read and understand the above policy.

Patients/Parent/Guardian Signature

Date

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