

Howe Dental Care

Dr. Kenneth Yasuda DDS

650 Howe ave #1000 ~ Sacramento, CA 95825 ~ (916) 929-8928 ~ Fax (916) 920-3712

Cancellation and No Show Policy

Office hours are by appointment and we do value your time. This office is a private practice dental office and not a dental “clinic”. Appointment time is reserved for you alone. Where appropriate, we prefer to schedule longer appointments so we can complete as much needed dental treatment as possible during one appointment. We feel this type of scheduling will cause minimal disruption to your daily schedule and will provide efficiency in completing your dental care. When you make an appointment, please be sure that you will be able to keep it.

Emergencies and unforeseen patient treatment problems may arise, causing schedule changes. Emergencies are unexpected and seem to come at the most inconvenient times. If you have a dental emergency that needs immediate attention, we will always see you at once. We expect that other patients, who might be slightly inconvenienced by this, will understand of the situation. At some point, they may need the same courtesy too!

Like many offices, this office does call/text to confirm your appointment. Please make note of any dental appointments we have scheduled in a place where you will be easily reminded. If you cannot make an appointment as scheduled please notify the office as soon as possible. **There will be a charge of \$35 per 30 minutes of scheduled time for a no show or cancellation with less than 24 hours notice for your appointment.** If our staff is successful in filling your appointment time with another patient, there will be no broken appointment charge.

If you have any questions about our appointment cancellation and No-show policy, please feel free to ask.

Patients name (printed) _____

Patient/Guardian signature _____ Date _____

Financial Responsibility

I **understand that Dr. Yasuda’s office requires payment for services at time services are rendered.** If you have a PPO insurance our office will file a claim to the insurance company as a courtesy for the patient. Howe Dental Care is not responsible for any charges accumulated due to insurance denial.

Patient/Guardian signature _____ Date _____