



**Kristen Cummings, D.M.D**

**317 TAMARACK LANE**

**SHILOH, IL 62269**

## **AllGrins4Kids Pediatric Dentistry Mission Statement**

Since appointment times are reserved exclusively for each patient we ask that you notify our office 48 hours in advance of your scheduled appointment time if a cancellation is unavoidable. Another patient who needs our care could be scheduled if we have sufficient time to notify them. We realize that unexpected things can happen, but we ask for your assistance in this regard. We reserve the right to charge a \$60 missed appointment fee if you do not cancel at least 48 hours prior to your scheduled appointment. If two (2) or more broken/missed appointments occur or two (2) cancellations without a 48 hour notice, our office reserves the right to not schedule any subsequent appointments.

Our office attempts to schedule appointments at your convenience and when time is available. In a practice limited to care of children, all appointments cannot be made after school hours. Children are fresher and have more resources for coping in the mornings. Therefore, certain morning appointments are necessary. We realize that occasionally this may inconvenience some parents, but it is the child we must always consider.

If your child has a 3:30 P.M. or later appointment and it is missed or cancelled without a 48 hour notice, we reserve the right to not reschedule the appointment at these prime appointment times. We will require a confirmation call/text in regards to keeping these reserved appointment times. If there is balance on the account and your child has an appointment, the balance must be paid in full before the appointment to keep their appointment.

X

\_\_\_\_\_  
Name of Parent/Guardian    Date

