Ramandeep S. Sidhu, M.D., F.A.C.S
Navdeep Kaur, M.D.

1301 4th Ave NW Suite 302
Issaquah, WA 98027

1900 116th Ave NE Suite 201
Bellevue, WA 98004

Cancellation/ No show policy for VIVAA

We would like to inform you of our office cancellation/no show policy. Our goal is to provide quality individualized medical care in a timely manner. "No-shows" and late cancellations cause inconvenience to those patients who need access to medical care in a timely manner. This policy enables us to better utilize available vascular ultrasound time, provider and physician's schedule time for our patients in need of medical and aesthetic care. We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family.

Procedure & Ultrasound Cancellation/No show policy for VIVAA

If the scheduled in-office procedure or ultrasound appointment is not cancelled with at least 5 business days' [excluding weekends and holidays] advance notice by phone, or you "no show" (failure to be present at the time of a scheduled visit) for your procedure or ultrasound, you will be subject to a $100.00 re-scheduling fee; this will not be covered by your insurance company and must be paid prior to scheduling your next appointment.

Office Visit Cancellation/No show policy for VIVAA

If an appointment is not cancelled with at least 3 business days' [excluding weekends and holidays] advance notice by phone, or you "no show" (failure to be present at the time of a scheduled appointment) to an aesthetic or physician appointment, you will be subject to a $50 re-scheduling fee; this will not be covered by your insurance company and is required to pay prior to scheduling your next appointment.

How to cancel your appointment

To cancel appointments, please call 425-250-9999. If you do not reach the receptionist, please leave a detailed message including the spelling of your first and last name as well as a phone number where you can be reached on our voicemail.

I _____ agree to the terms of the Cancellation/No Show policy agreement as described above. I understand that I may be subject to a charge if I am unable to provide adequate advanced notice.

Signature: _____ Date: _____

Witness: _____ Date: _____