



Academy Dental
 781Academy Dr.
 Solana Beach, Ca. 92075
 858-523-9800
 Fax 858-523-9600
 Sarahbelderessesdds.com
 frontoffice.academydental@gmail.com

Office Policies

Insurance

- Every patient must know their insurance. We will do our best to work with you and your insurance, however, you will be responsible for charges incurred due to:
 - Termination of insurance
 - Changes in insurance due to retirement or job change
 - Children no longer covered under parent's plans
 - Deductibles and co-pays

You are required to inform the front desk any time there is a change in type of insurance and contact information such as a new phone number or address.

Missed appointments

- We try to confirm appointments, but we are not responsible for reminding you about your upcoming appointment.
- We require 24 business hours notice for canceled or rescheduled appointment. Any appointment canceled or rescheduled in less than 24 business hours before may be subject to a cancellation fee. Doctor cancellation fee: \$100. Hygiene cancellation fee: \$50
- We reserve the right to reschedule any appointment to which the patient is more than 15 minutes late as we need a certain amount of time in order to perform each procedure properly.

Financing for non-insurance coverage

- We pride ourselves in being able to provide quality dentistry at competitive prices and therefore cannot bill patients for services rendered.
- All payments must be made AT THE START OF TREATMENT.
- Any balances not paid by this completion of treatment will be subject to 5% late fees, unless financial arrangements have been made prior to the appointment or the start treatment.
- We have options for third party financing. Please ask!

Emergencies

- We are happy to accommodate your dental emergencies, should you have any
- Please understand that when you come in for an emergency, the time given to you is approximate. You will be seen as soon as the doctor is available. Your patience is appreciated.

Cell Phones

- All cell phones must be silenced prior to entering the office.
- Speaking on your cell phone is not permitted in any of the treatment rooms.

Minors

- By law, we cannot treat anyone under 18 years old without a parent or guardian present; unless we are notified ahead of time and written consent or verbal consent is provided by the guardian.

HIPAA Compliance

- Please review the Notice of Information Practices and Privacy Statement provided by office

Preferred method of communication: _____ *Phone* _____ *Email* _____ *Text*

May we phone, email, or send a text to you to confirm appointments? YES NO

May we discuss your medical/dental information with any member of your family? YES NO

If YES, please name the members allowed: _____

 Patient name

 Patient signature