

Office Policies

This form is designed to acquaint you with our office policies. Please notify the staff if you have any questions regarding any area. Initial by each item:

Notification of changes in insurance, address, and/or contact information is the responsibility of the responsible party.

Diagnostic and treatment codes will not be altered for insurance purposes.

A parent/guardian must remain on the premises during treatment of patient minors.

Your dental health is our utmost concern. It is our policy to inform you of all the relevant treatment, risks, and risks of non-treatment.

The decision to pursue treatment is ultimately your responsibility. If the doctor disagrees with your decision, it may be recommended for you to pursue treatment elsewhere. Copies of your records will be available to you for a \$15.00 fee.

It is our goal to provide you with the highest standard of dental care. If the doctor feels that this includes treatment with a specialist or other dentist, we will do our best to refer you to a specialist within your insurance network or from a list of highly recommended colleagues.

Phone calls are triaged by office staff. Please understand that all matters are discussed with the doctor. Our office has the ability to send appointment confirmations and reminders for you and your family via text and/or email messages. All electronic communications from our practice will be encrypted. By utilizing these electronic services, you understand that any communication will be sent through the Internet and wireless services by Reality Bites Dental. If you choose to sign up for text messages, be aware that standard text messaging rates will apply as defined in your wireless service agreement.

I am responsible for providing the dental practice any updates to my email address and/or cell number. I am able to receive information electronically and store it securely away from any public computer. I can withdraw my consent to electronic communications by calling 210.399.5951.

_____ I agree that Reality Bites Dental may electronically communicate with me at the following via email and/or text message.

_____ I do not consent to electronic communication.

Saturday appointments are often in high demand. Repeated appointment failures will result in restricted scheduling of these days.

I acknowledge that I have read and understand the office policies of Reality Bites Dental.