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# Pediatric Dentistry of San Angelo

Kelly Sawyer, DDS, PA  
Pediatric Specialist  
*"We treat your kids as our own!"*

## APPOINTMENT POLICIES

We make every effort to be **on time** for you and your child. We ask that you extend the same courtesy to us and other patients of the practice. If you cannot make your appointment with us, please give us **at least 24 hours notice**. Most often, there are other children waiting to be seen if you are unable to be here.

**Please read the following statements and sign below each.**

I understand that if I arrive for my child's appointment 5 or more minutes late, that the appointment may have to be rescheduled for another day. I understand that if this happens **3 or more times** that Pediatric Dentistry of San Angelo may inactivate my children as patients.

X \_\_\_\_\_

I understand that if I fail to get my children to their appointments and/or cancel them without 24 hour notice **3 or more times** that Pediatric Dentistry of San Angelo may inactivate them as patients.

X \_\_\_\_\_

**NEW POLICY AS OF 4/1/18:** I understand that I must notify Pediatric Dentistry of San Angelo of any insurance changes **AT LEAST ONE BUSINESS DAY PRIOR TO THE NEXT APPOINTMENT**, or I may have to **pay full fees** for the services on that appointment day and **be reimbursed once the new insurance has been verified** and the claim has been paid by my insurance carrier. (Note: It often takes several weeks before we receive claims from the insurance companies.)

X \_\_\_\_\_

Thank you for your cooperation. We do understand that there may be extenuating circumstances and will take these into consideration when needed.

## HEALTH INFORMATION ACCESS

In addition to myself, the following people have my permission to bring my child to his/her appointment. They may also have access to his/her protected health information and can sign consent forms for treatment. **(PLEASE WRITE THEIR NAME/RELATIONSHIP TO THE CHILD/SS# OR DR. LICENSE #)**

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X \_\_\_\_\_