

LLCHD Dental Clinic Policy and Procedures

Please read, initial each statement and sign at the end this form as verification that you have read, understand, and consent to LLCHD Dental Clinic policies, procedures, and treatment:

____ You must provide proof of income, current address, and current contact information (home phone and/or cell phone) before the Dental Clinic can provide dental treatment.

- ◆ Proof of income must be provided within 24-hours, or you will be charged full priced dental fees until proof of income is provided.
- ◆ Information falsely reported or withheld may result in dismissal from the dental clinic.
- ◆ You must notify the Dental Clinic if you or your family members have a change in address or phone numbers.
- ◆ You must be a resident of Lincoln or Lancaster County to be seen in the Dental Clinic.
- ◆ College students that are current patients of record or college students with children being seen by the Dental Clinic can be seen in the clinic for routine dental care.
- ◆ You must notify the Dental Clinic if you or your family members become covered through private dental insurance or Medicaid.

____ Payment of dental fees is expected at the time of service unless you have made other payment arrangements with the Dental Office Manager.

- ◆ Timely payments of dental fees are expected to remain in good standing for dental clinic services.
- ◆ You are responsible for full payment of your account balance regardless of if you become eligible for dental insurance, Medicaid or you do not receive a billing statement due to an address change.

____ You and/or your family members must show up for your scheduled appointments.

- ◆ Please arrive 15 minutes early with your Medicaid card (if applicable) and a list of current medications.
- ◆ Parent or Legal Guardian must accompany a child aged 18 and under.
- ◆ Reporting more than 15 minutes late for an appointment may result in you or your family members not receiving dental treatment due to a lack of time to complete the treatment, or the appointment being given to another customer.
- ◆ If you or your family members cannot make a dental appointment you must notify the Dental Clinic to cancel the appointment prior to the scheduled time as not to waste appointments and clinic resources.

____ Two types of fillings are used to fill cavities in teeth that are toward the back of the mouth: silver amalgam fillings and composite resin (white) fillings.

- ◆ The dentist will determine and discuss with you or your legal guardian which type of filling material is best suited to treat the tooth decay. The selection of the filling material is based on the location of the cavity, the size of the cavity, the size of the filling, the severity of tooth decay in your mouth, the force of the bite with teeth on the opposing jaw, the ability to keep the area dry while placing the filling, cost, and the ability of the filling to withstand wear, pressure, or damage over time.
- ◆ I understand that all filling materials have possible risks, potential for unsuccessful results or failures and may not achieve the desired results or outcomes expected.

____ Dental patients who have failed to keep 3 scheduled appointments within a one-year period will be dismissed from the dental clinic and shall not be eligible to utilize the services of the Dental Clinic.

- ◆ Failed appointments are: 1) no show with no notice; 2) canceled appointments with less than 24-hour notice except for an illness or emergency that is identified to staff or 3) reporting more than 15 minutes late for a scheduled appointment.

If you have any questions or concerns, please inform the attending staff or dentist. A copy of this signed form will be kept in your dental record. If you would like a copy of this form for your information, please inform staff. Thank-you.

Print Patient or Guardian Name

Patient or Guardian Signature

Date

Witness