# PATIENT POLICIES AND INFORMATION GUIDE

### (Please Read Before Signing)

**The goal of the Wilkes Public Health Dental Clinic is to provide you with the highest quality dental care possible.** You can help us by following our office policies that are listed below.

#### SAFETY AND PATIENT MANAGEMENT:

* **ONLY THE PATIENT RECEIVING DENTAL TREATMENT IS ALLOWED IN THE TREATMENT ROOM** which includes family members or service animals.
* No Children under age 12 can be left in the waiting room without adult supervision.
* Children and Adults must be respectful of the facility and others waiting in the reception room.

#### ORAL HYGIENE:

* Each patient will be taught proper tooth brushing, flossing, and other preventive techniques. Patients must brush their teeth before arriving for all appointment.

#### BROKEN APPOINTMENTS AND CANCELLATIONS:

* A **BROKEN APPOINTMENT** i**s** not giving 24 hour notice to reschedule or not arriving for the appointment

### ONCE YOU BREAK TWO DENTAL APPOINTMENTS YOU WILL NOT RECEIVE ANOTHER SCHEDULED APPOINTMENT.

* Cancellations must be received at least 24 hours in advance to avoid being charged with a broken appointment**.**
* ***A late arrival of more than 10 minutes may result in you receiving a broken appointment*** and having to reschedule the appointment.

#### MEDICAID, HEALTH CHOICE, THIRD PARTY COVERAGE, SELF-PAY, OR SLIDING FEES:

* Insurance card and any co-pay (if applicable) are **required at every visit.**
* For self-pay patients, **PROOF OF INCOME** is required at the first visit and annually
* A **MINIMUM FEE IS REQUIRED** at every visit in order to receive another appointment.

### You will be expected to pay for treatment if not paid by insurance.

* Outstanding accounts will be given 90 days to make a payment or payment arrangement. If no payment is received, the patient may be sent a dismissal letter until payment is received.

#### TREATMENT CONSIDERATIONS:

* We may be limited in the services we can provide and you may have needs that cannot be met in our office. We will aid you, to the best of our abilities, to find a dental facility but it is your responsibility to receive or continue treatment. Copies of dental records will be forwarded to another dentist by written request from the patient.
* WPHDC cannot assure continuous responsibility of the patient’s dental care if your financial status changes, or because of clinical noncompliance (Refusal of X-rays or the doctor’s recommended treatment, broken appointments, late for appointments, uncooperative patient, or not following dental staff instruction). After consultation, it will be the patient’s responsibility to secure dental care at another dental facility.

***CONSENT:*** I, the undersigned, being the patient (parent/legal guardian if minor), consent to the performing of procedures decided upon to be necessary or advisable in the opinion of the dentist. I request and authorize Wilkes Public Health Dental Clinic to perform treatment.

### Print Patient Name: Date:

**Signature of Patient/Parent/Guardian**:

Patient Policy Revised 9-18