

LLCHD Dental Clinic Policy and Procedures



Patient Eligibility:

- 1) Dental fees are charged using a sliding fee scale based on those living in your household and your household's gross income.
- 2) Proof of income, current address and current contact information (home phone, cell phone and/or email address) must be provided for eligibility of dental services.
 - ◆ Full priced dental fees will be charged until proof of income, current address and current contact information is provided.
 - ◆ Special consideration will be given to clients where unusual situations exist or hardships have occurred.
 - ◆ Any information falsely reported and/or withheld may result in your dismissal from the dental clinic.
 - ◆ You must immediately notify LLCHD Dental Clinic if you and /or your family members become covered through private dental insurance or Medicaid.

Payment for Dental Services:

- 1) Payment of dental fees is expected at the time of service unless you have made other payment arrangements with the dental customer service staff (at the dental check-out window).
- 2) Timely payments toward dental fees is expected to remain in good standing to use the dental clinic.
- 3) You are responsible for payment in full of your account balances regardless if you become eligible for dental insurance and/or Medicaid does not pay for services.

Scheduled Appointments:

- 1) Dental care is provided through scheduled appointments.
- 2) You or your family members must show up at the scheduled appointment times.
- 3) Reporting more than 15 minutes late for an appointment may result in you or your family members not being served due to a lack of time to complete the dental procedure or your appointment time being given to another patient, as not to waste clinic appointments.

Dismissal From the Dental Clinic:

- 1) Dental patients who have failed to keep 3 scheduled appointments within a one year period will not be eligible to utilize the services of the Dental Clinic.
 - ◆ Failed appointments are: 1) no show with no notice; 2) appointments that are canceled with less than 24 hour notice except in an emergency situation as identified to the Division Manager; or 3) reporting more than 15 minutes late for a scheduled appointment.

Your cooperation is greatly appreciated. If you have any questions, please feel free to contact the Division Manager at 441-8015. A copy of this signed form will be kept in your dental record.

Print Patient or Guardian Name

Patient or Guardian Signature

Date