

Community Dental Clinics of Van Buren/Cass District Health Dept

/NO SHOW / CANCELLATION / PAYMENT / EMERGENCY CARE POLICIES/

Welcome to Community Dental Clinics of Van Buren/Cass District Health Department! We are glad you have decided to make an appointment for yourself or your child for important oral health care. Regular dental visits every 6 months, including examinations, cleanings, fluoride treatments, dental sealants and fillings are important to keep teeth healthy. Your Medicaid, Healthy Kids, Healthy Kids Delta Dental, Delta Dental MiChild pay for these services. If you do not have dental insurance you qualify for dental services at a reduce rate. It is especially important that you keep your appointment! Valuable time has been set aside for you or your child's care. A missed appointment results in lost time which could be used for another client waiting to receive treatment. Please review this document carefully!

NO SHOW POLICY

If you miss **ONE** appointment without calling **24 hours before your scheduled appointment** you will **then have to wait 6 months before making your next dental appointment**. A second no show, you will be dismissed from Hartford, Dowagiac and Mattawan clinics!

CANCELLATION POLICY

Please give the Dental Clinic **24 hours notice** if you are not going to be able to make it to your appointment. You may call the clinics (toll free) at 800-210-1921 or the Hartford office at 269-621-6159, Dowagiac office at 269-782-0064, or Mattawan office at 269-668-6715.

PAYMENT POLICY

Individuals without dental insurance can be seen at a reduce fee. **Payments are due the day of your appointment or before your scheduled visit**. You can pay by cash, check or credit card. **There is a \$25 returned check fee, plus another appointment will not be made until your account balance is paid in full.**

EMERGENCY CARE

Dental clients who have been dismissed from the clinic-for either a no show or cancellation reasons-can only be seen for a dental emergency. If you call with an emergency, you will not be given an appointment, but will be told to come in, and **IF we can work you into the day's schedule**, you will be seen. **Be prepared for a long wait.** If you cannot be seen one day, you may be requested to return another day to wait for an opening. For all regular dental work, you should find another dentist.

CONSENT TO TREATMENT

I hereby give consent to the Community Dental Clinics of Van Buren/Cass District Health Department to provide treatment to: _____, **(check one)** myself, my child, my ward, those procedures and treatments including local anesthesia which are deemed necessary. I consent to any x-ray, examination, anesthetic, sedative, or dental treatment rendered under the general, direct or indirect supervision of the dentist and his/her associates, staff members, as he/she may deem necessary.

NOTICE OF PRIVACY

Community Dental Clinics of Van Buren/Cass District Health Department respects my right to privacy and confidentiality of my personal health information. I acknowledge that I have been informed of, and offered a copy of the revised Notice of Privacy Practices (NPP) dated 9/2013. This authorization will remain in effective until canceled in writing by me.

I have read the above policies and agree to abide by them.

Date

Signature of Client (Parent or Guardian)