Lincoln-Lancaster County Health Department

LLCHD Dental Clinic Policy and Procedures

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

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

- 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.
- Only college students that are current patients of record may be seen in the clinic for routine dental care per eligibility criteria.
- You must notify the Dental Clinic if you or your family members become covered through private dental insurance or Medicaid.
- Information falsely reported or withheld may result in dismissal from the dental clinic.

_____If you are not enrolled in Medicaid or electing to have a dental procedure not covered by Medicaid, payment of dental fees is expected at the time of service unless you have made other payment arrangements with our clinic.

- 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 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.

- Your appointment time will reflect a 15-minute early arrival time to complete your paperwork. Please present your Medicaid card (if applicable) or proof of income at the time of check-in.
- 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.
- Failure to confirm your appointment may result in the loss of your scheduled appointment. It is your responsibility to update our office with any changes to your phone number or address.

_____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 before the possibility of needing to be replaced.
- 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 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 and a copy will be provided to you.

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Print Patient or Guardian Name Patient or Guardian Signature Date Witness