



Statement of Understanding For Patients During Dental Treatment

Welcome to our dental clinic. We are glad you have chosen us as your dental care provider. Below we have listed information regarding our dental program. Please initial each section indicating that you have read or have had the statement explained to you; and that you have had a chance to ask questions which were answered to your satisfaction.

_____ We are a public health care clinic providing general dentistry. An initial exam and oral evaluation will be completed at your first visit. Your treatment plan and the cost for each procedure (if applicable) will then be reviewed with you.

_____ You will be responsible to keep all of your scheduled appointments with the dental clinic. You are required to call 24-hours in advance to cancel or reschedule your appointment.

_____ As a courtesy, please turn all cell phones off when in any of the Citrus County Health Department settings.

_____ **Three failures** to keep an appointment will result in your dismissal from the dental clinic.

_____ If you are late, it may be necessary to reschedule your appointment so that we do not interfere with the time of the next dental patient. ***Please be at the office 30 minutes before your appointment to avoid being rescheduled.***

For your convenience we accept the following insurances:

Medicaid Florida Healthsease Childrens Medical Service (CMS)

_____ As a courtesy to you we will file your claim to these insurances, but it is the patient's responsibility to make sure your insurance is current and the benefits are still available. Notify us immediately of any changes in your insurance. If at the time your insurance is filed and payment is denied, ***you will be responsible for payment.***

_____ We ask that if you have young children, please find childcare for them before your dental appointment. Do not leave young children unattended in the reception area or bring babies with you into the clinic. Our staff does not have time to watch children with the many duties already expected of them.

Signature

Date

Witness

Date