



## **LCDPH DENTAL CLINIC POLICIES**

- **24 Hour Cancellation:** All dental appointments require a 24 hour cancellation. A message can be left for the dental staff 24 hours a day, 7 days a week by calling the Logan County Department of Public Health at (217)735-2317 ext: 201. If no cancellation call is received 24 hours prior to the appointment time it will be considered a no-show.
  
- **Release from Dental Services:** A first time adult patient who no-shows for an appointment will not be scheduled for 6 months for any future appointments. For established patient families who have 3 no-shows or cancellations less than 24 hours prior to the appointment will not be scheduled for 1 year from the last no-show/canceled appointment date. This rule will apply for all members of the family. ***No appointments will be made with the dental clinic for services after a patient has been released.***
  
- **Confirming Appointments:** All patients must verbally confirm all scheduled appointments. If appointments are not verbally confirmed, then their appointment may be cancelled and the time will be given to another patient. If the appointment is given to another patient, they will be asked to reschedule.
  
- **Contact Information:** It is your responsibility to keep all contact information up to date with the dental clinic. ***If we are unable to contact you we reserve the right to cancel your appointment.***

### IMPORTANT FOR ALL CLIENTS

- ***Patients are required to produce their current Medicaid/All Kids card at time of service. This is your form of payment. If a cash client, full payment is expected at time of service. We reserve the right to cancel your appointment if a current Medicaid/AllKids card or payment is not available at time of service.***

**Please Note:** In the event of non-payment by Medicaid, client served or guardian will be held responsible for the payment and will receive such statement/invoice.

**Initials:** \_\_\_\_\_

**I understand and agree to the above mentioned policies:**

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_