

Church Health
Dental Clinic Patient Guidelines



Church Health
care for one another

FINANCIAL OBLIGATIONS:

- Initial dental visits **MUST** be paid in full to schedule any additional appointments.
- Church Health total patient balance must remain below \$100 in order to schedule any dental appointments.
 - If needed, please contact Rochelle Willis, Patient Financial Counselor, for any payment arrangements at willisr@churchhealth.org or 901-701-2034.
- Deposits are required in full for major services such as: oral sedation, IV sedation, or any specialty care surgical appointments.
 - Please note: **ALL DEPOSITS ARE NON-REFUNDABLE.**
- For partials, dentures, crowns, root canals, and/or bridges, fees must be paid accordingly:
 - ½ of the balance must be paid at first appointment
 - the remaining balance must be paid in **FULL** at the check-in of the final appointment with credit card or cash
 - No checks will be accepted.
 - If payment is not received, appointments will automatically be cancelled, and a new deposit fee will be required to reschedule.

APPOINTMENT OBLIGATIONS:

- Patients are asked to arrive 15 minutes prior to their appointment time.
 - Showing up late may result in rescheduling the appointment and/or dental program dismissal.
- Patients who miss **TWO** dental appointments will be dismissed from the dental program. Likewise, patients who cancel or reschedule with less than *24 hour's notice* may be dismissed from the dental program.
- Patients are required to treat all Church Health staff, residents, and volunteers with *kindness* and *respect*.
 - Failure to do so will result in **IMMEDIATE** dismissal from the program.

PATIENT RIGHTS TO PROFESSIONAL SERVICES:

- Patients will be treated with kindness and respect.
- Patients will be given explanation for all procedures and have all reasonable questions answered.
- Patients will enjoy full privacy of their medical records.

PHOTO RELEASE:

In order to supplement the cost of your care, we raise money from foundations, corporations, private donors, etc. We often tell the story of our mission through pictures. By signing below, you understand and agree that Church Health may use photos or videos of you in publications, online, or in other communications.

I _____ have read, understand, and agree with the Church Health Dental Guidelines provided above.

Signature

Date