



DENTAL OFFICE POLICIES

The nature of our practice is to give our patients the utmost care and services. Please excuse any delays. We will give you careful attention as soon as possible.

MAKING APPOINTMENTS: Please be as specific as possible regarding your area of concern. This will help us to schedule the proper amount of time necessary for your care.

MISSING APPOINTMENTS: Please notify the clinic as soon as possible if you are unable to keep your appointment. Canceling appointments less than 24 hours in advance could result in a “no show.” After three times of not showing for your appointment without first calling to cancel, you may no longer be seen at Umpqua Community Health Center for a year. As a courtesy we will try to provide a confirmation call and/or text, however it is the patient’s responsibility to remember their appointments.

Advantage patients only: If you miss an appointment with us and we “excuse” it, you will still receive a letter from your Advantage insurance.

FINANCIAL: Payment is expected before or at the time of service. For larger, more complex procedures spanning several visits or involving lab fabrication, one half of the payment is expected at the beginning of the procedure and the remaining half is due at time of completion.

TREATMENT PLANS: We will provide you with an **estimate of costs** for your needed treatment. The costs can change as the treatment progresses as well as the ongoing evaluations of your dental care.

REFERRALS: If the treatment required to address your dental needs cannot be provided in our office due to degree of specialization of treatment, a referral will be sent to a provider who can provide the needed service. It is the patient’s responsibility to call and set up an appointment. Because the procedure will be carried out in another office, fees will vary from ours, and only the specialist’s office can give you an accurate estimate of the cost.

PATIENT ONLY: Patients will be the only one allowed in operatories. Exceptions include children under 10, special needs patients, and those that need translation. All other exceptions will be at the decision of the dentist. Failure to comply with this may result in the rescheduling of your dental appointment.

I HAVE READ THE ABOVE AND AGREE TO THE TERMS PROVIDED.

Signature _____ Date _____