



Public Health
Prevent. Promote. Protect.
Bureau/Putnam County Health Department

Bureau County Dental Clinic Patient Policies

We would like to welcome you to our dental practice. We are delighted that you have chosen us for your oral health needs. Our clinic provides dental care for patients under the following policy. Please carefully read the policy and sign below.

Payment for Services:

1. Our dental clinic provides care for patients that meet income guidelines and are eligible for an Illinois Public Assistance Card (Medicaid) and the IL State All Kids Program. We are unable to process any other type of insurance.
2. Eligibility for services under the Illinois Public Assistance Card will be determined before the start of each visit. You will be required to bring your current Medicaid card to each visit since eligibility may change from month to month.
3. Not all benefits covered by the Medicaid card are offered by our practice.
4. All of your dental needs may not be covered by the Medicaid card, either because it is not a benefit or because of benefit limitations. Our office has no control over what is covered or not by the Medicaid card. You are financially responsible for all services that you receive that are not covered by the Medicaid card. All payment for services performed are due at the time of service.
5. Medicaid may deny all or part of your dental care. Any dental service performed that has been denied by the Medicaid card will be your responsibility to pay.
6. Patients with an outstanding balance for dental work provided will not be seen until all balances are paid in full. Absolutely no exceptions will be made.
7. Patients are responsible for any laboratory bill incurred for their care.

Referral to Other Dental Clinics and acceptance of cases

1. If some of your dental needs require the care of a dental specialist we will attempt to refer you to a dental specialist. Please be aware that most dental specialists do not accept the Medicaid card. While many dental specialists, that do not accept the Medicaid card, work with us to provide care for our patients at a greatly reduced rate, you will be responsible for the cost of the care that they provided, if they choose to accept your case through us. All clinical decisions are made at the discretion and professional judgment of our attending dentist and they are final.
2. Our clinic is required by law to maintain all patient dental records. If you would like a copy of your record, you must complete a request form. A fee will be charged for duplicating the record (including x-rays). This fee is not covered by the Medicaid card.
3. The acceptance of any case into the practice is at the sole discretion and professional judgment of our attending dentist.

Appointment Cancellations:

1. The Bureau County Dental Clinic provides care to a large group of patients. In order to keep our clinic open it is important that you keep all scheduled appointments. If you must cancel an appointment, a 24-hour advance notice (one business day) is required. This will give us the opportunity to schedule another patient for that time.
2. If you miss your scheduled appointment and have not given a 24-hour advance notice you will be dismissed from the clinic. If you are dismissed from the clinic one time, you may apply for reinstatement; however a reinstatement fee will apply. A patient will be reinstated only once.
3. If you miss your scheduled appointment due to illness or family emergency, and do not give a 24-hour advance notice written documentation of the illness / emergency will be required before you will be rescheduled. This may include a statement from your medical provider, or other documentation. Our clinic reserves the right to accept or refuse documentation submitted in this case.

Initials: _____



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Appointment Times:

1. In order to provide our patients with timely appointments it is extremely important that you arrive to your appointment on time. If you are more than 10 minutes late for your scheduled appointment, you may be rescheduled for a later date. If you are more than 20 minutes late, you will be considered a “no-show” and will be dismissed from the practice.
2. We will make every effort to see you at your scheduled appointment time. However, we may at time be running late due to other patient needs and unforeseen circumstances of care. If our dentist is unable to see you within 30 minutes of your scheduled appointment time you will be allowed to reschedule your appointment.

Children’s Dental Care:

1. Our clinic has a separate policy for children’s dental care. Please refer to that policy. A parent or legal guardian must stay in the clinic all times while a minor is being treated.
2. Legal guardians must provide documentation that they have authority to authorize dental care for a minor.

Dismissal from the Clinic:

1. Patients may be dismissed from the practice at the discretion of the attending dentist. Reasons for dismissal include, but are not limited to:
 - Being more than 20 minutes late to an appointment.
 - Failure to give a 24-hour advance notice to cancel a scheduled appointment.
 - Refusal to cooperate and work with the dental staff.
 - Threatening, inappropriate or rude behavior.
 - The use of profanity.
 - Failure to pay an outstanding balance.

I hereby acknowledge that I understand and accept the Bureau County Dental Clinic’s New Patient Policies.

_____ (Patient, Parent or Legal Guardian’s Signature) _____ (Date)

The Bureau County Dental Clinic reserves the right to change any policy without notice. Revised 6/2011