Haywood County Health and Human Services Agency
Public Health Services Division, Dental Office

157 Paragon Pkwy, Ste 700
Clyde NC 28721
828-452-6701

POLICIES AND PROCEDURES

Patient Name: _____ Date of Birth: _____

1. If you have private insurance, with dental coverage, you are responsible for any charges that your insurance does not cover. Patients must pay their co-pay and/or deductible at the time of service.

2. If you are self-pay, you must bring proof of total household income EVERY YEAR or ANY TIME there is a change in income. Current annual tax return, W-2s or 1099s, current pay stubs, SSI or Social Security benefit statement, retirement or pension, tips, child support, unemployment income, written statement from employer, or bank statements are required. If you do not have proof of income, you will be charged 100%. You must pay in full at the time of service: we accept **cash, check, credit and debit cards**. **If you do not have payment, you will NOT be seen**. If we receive proof of income within 30 days of your appointment, we will adjust the fee(s) according to the sliding fee scale and issue an account credit or refund.

3. **We have a 10 minute late policy**. Please come to your appointment on or before time. If you are late, your appointment will be rescheduled.

4. We require 24 hour notice to cancel or reschedule an appointment. If you do not provide a 24 hour notice it is considered a missed/failed appointment. **If you miss/fail 3 appointments, you will be suspended** from the Dental Office for one year (6 months for children). After one year you may return as a patient of the Dental Office; however, if you miss/fail 2 more appointments, you will again be suspended for one year. You may return as a patient of the Dental Office but if you miss/fail 1 appointment, you will be **dismissed** from the practice. Our priority is to serve Haywood County residents, if you do not live in Haywood County and are suspended for missed appointments you will not be allowed to return as a patient.

5. No one, other than the patient, is allowed in the treatment rooms--unless approved by the dentist or clinical staff. If approved, then only one adult per patient.

6. Due to the nature of public health, it is sometimes necessary to prioritize patients based on need or an emergency situation. We reserve the right to reschedule or cancel appointments at any time.

7. Please be courteous and respectful to all staff and other patients. Foul language or hostile behavior will NOT be tolerated in our office. You will be asked to leave the premises and the Haywood County Sheriff's Office may be contacted.

I, _____ (patient / parent / guardian) have read the above and agree to follow the policies and procedures of the Haywood County Health and Human Services Agency, Public Health Services Division Dental Office.

Signature: _____ Date: _____