



320 North Garden Street Columbia, TN 38401
Phone 931-388-6410

[Visit us at www.duckriverdental.com](http://www.duckriverdental.com)

[Contact us at info@duckriverdental.com](mailto:info@duckriverdental.com)

Clinic Guidelines and Rules

Duck River Dental Outreach exists to create a healthier community by providing comprehensive oral health care to the underserved population in our area. DRDO prospective patients are those individuals who do not have, or have access to, dental insurance.

Treatment provided by Duck River Dental Outreach is not a free service. However, all treatment will be provided at a reduced rate based on the number of individuals in the patient's household and their combined annual income. Under no circumstances will DRDO patients pay more than 50% of actual charges.

To provide you with the quality care that you deserve, we ask that you do your part by agreeing to the following clinic guidelines.

Program information:

- Duck River Dental Outreach is a one-time opportunity! (the average patient is in our program for approximately 1 year)
- Upon completion of treatment you will be scheduled for an exit exam and final cleaning. If no additional treatment is needed you will graduate our program.
- When you graduate or are dismissed from our program further care is your own responsibility and must be received elsewhere.
- If you discontinue treatment for longer than three months, you will be automatically dismissed.

Financial/Employment Status:

- You must keep us aware of current income and employment information.
- You must advise the staff of any dental insurance.
- You will be required to provide proof of employment and income. Proof of employment/income include the following:
 - Proof of address (utility bill, bank statement, phone bill, etc. that shows your street address)
 - TN Driver's License
 - If over 65, provide social security/pension/retirement proof of income
 - Provide copies of your medical insurance card(s)
 - Provide copies of your dental insurance card(s)
 - Two current pay stubs with proof of income and hours worked for everyone working in your household (including spouses/live in partners, adult children)
 - If you are paid cash or do not receive a paystub, you must provide
 - Current year tax return
 - Written documentation from your employer on their business letterhead containing the business name, address, phone number, and owners name and contact information, hire date, hours worked per week and pay rate
 - If you are a college student, you must provide a current class schedule
 - If you are in a training program, you must provide proof of program enrollment

Patient Care:

- Various volunteer dentists, specialists, dental assistants, hygienists, students/surgeons in training and DRDO staff will be providing your care.
- Treating any provider with disrespect will result in an immediate dismissal from the program.

Appointment Policy:

- All scheduled non-hygiene appointments must be kept, or you must give 48 hours (2 business days) to cancel or reschedule.
- Failure to do so will result in a **\$50.00** charge.
- All scheduled hygiene appointments (cleanings) must be kept or you must give 48 hours (2 business days) to cancel or reschedule.
- Failure to do so will result in a \$100.00 charge and all future appointments cancelled until the \$100.00 charge is paid

in full.

- The second time an appointment is cancelled without a 48-hour notice or missed you will be dismissed from the program.
- You are giving us permission to leave a message, send texts, and/or emails regarding your appointments. When we contact you about your upcoming appointment, you are required to CONFIRM that appointment. If you do not confirm at least 48 hours prior (2 business days) to your appointment, then we reserve the right to use your appointment time for other patients. The \$50.00 cancellation fee will apply.

We reserve the right to cancel any appointments based upon the following conditions:

- A past due balance and/or a returned check.
- Failure to confirm within 48 hours of scheduled appointment.
- Failure to maintain adequate oral hygiene.
- Missed appointments.
- Failure to provide current contact information.

Payment Policy:

- You must pay your bill in full at each appointment.
- You must pre-pay for any appointment that requires sedation.
- We reserve the right to request prepayment for various procedures.
- If your account is delinquent and is turned over to our attorney and/or collection agency, you are responsible for any fees associated with the collection of your account. You hereby give your permission to receive debt collection calls to your mobile phone number from or on behalf of the debt collection agency.
- If you have treatment plan or account questions, please contact a patient care coordinator.
- **Returned Check Policy:**
- A fee of \$25.00 in addition to the check amount will be due and payable by cash, debit, or credit only before you can proceed with further treatment. Future payments will only be accepted in the form of cash, credit or debit.

Release:

If accepted into the Duck River Dental Outreach, I/We agree to the following:

- I will keep my teeth clean and will encourage my family to keep their teeth clean.
- I/We will keep appointments or will give 48 hours' notice of cancellation, or there will be a \$50.00 cancellation fee.
- I agree to pay all debts incurred at Duck River Dental Clinic.
- Failure to comply with the above statements will result in denial of further treatment and dismissal from the program.
- To maintain the continuity and quality of a patient's dental care, we require that the patient receive treatment by DRDO staff members or authorized dental specialists only. Failure to comply will result in the patient's immediate dismissal from the program. DRDO will not be responsible for dental care performed by any unauthorized dentist or any care or procedure performed in another country.
- I hereby consent to medical care and treatment, as ordered by any provider of DRDO, while such medical care and treatment is provided through DRDO. This includes my consent for all dental services rendered under the general or specific instructions of a dentist of DRDO; including treatment by a mid-level professional (Dental Assistant or Hygienist), and other health care professionals or designees under the direction of a DRDO dentist, as deemed reasonable and necessary. I agree and acknowledge that DRDO is not liable for the actions or omissions of, or the instructions given by the dentists or other professionals who treat me while I am a patient. I am aware that the practice of dentistry is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations at any DRDO facility.
- If you are to have any form of sedation dentistry, you will not be permitted to drive any motor vehicle for the remainder of the day. Therefore, you will be required to have a trusted, adult (18 yr. old or older) caregiver/driver to ensure your safe return home.

I have read, understand, and agree to the above listed clinic guidelines for myself and for my family.

Electronic Signatures: The Parties agree that any form of electronic signature, including but not limited to signatures via facsimile, scanning, electronic mail, or fillable forms (e.g. PDF) may substitute for a "wet" signature and said electronic signature shall have the same legal effect as a "wet" signature.

By signing below, either manually or electronically, I/we agree to all terms and conditions herein contained.

Signature: _____ Date: _____

Print Name: _____