

Patient Expectations

The Dental Care Access Foundation is happy to help you in your time of need. We are not able to fix all dental concerns, however if it were not for the generosity of donors and volunteers, we would not be able to serve our patients. In return, we ask our patients to help us by following our guidelines listed below or you may be discharged.

1. INAPPROPRIATE BEHAVIOR

We hope and expect all people will be treated in a respectful and considerate manner.

- Rude behavior will not be tolerated. If your conduct is such that a staff member / volunteer complains or is upset, you will be notified in a warning letter.
- Extremely rude behavior or abusive, foul language may result in immediate discharge.

2. NO SHOW

We expect all patients to honor their appointment times. If something prevents you from coming to your appointment, let us know within 48 hours of your appointment so the time can be filled with another patient needing dental care. We will be respectful of your time as well and your work schedule. Some volunteer doctors may have to cancel from time to time due to their regular office practice demands. Should this occur, we will let you know as soon as possible.

- If you miss your first appointment with the dentist without notification, you will be ineligible to be a patient.
- If you do not arrive on time, your provider may not be able to see, and you may be asked to reschedule to a later date.
- If you need to cancel your appointment, please call at least 48 hours in advance.

3. NON-COMPLIANCE

The staff and volunteers are passionate about providing excellent quality of care to our patients. We strive to do what is best and right for our patients.

- Inability to contact you after three attempts.
- Failure to respond to our phone calls or letters.
- It is the patient's responsibility to keep contact information updated.
- If you have any concerns about the recommended treatment, please let us know so we can be aware and work with you.

4. OBTAINING DENTAL COVERAGE:

- According to the Florida Department of Health guidelines, we cannot treat patients with insurance.

5. MOVING OUT OF THE AREA OR YOUR INCOME EXCEEDS 200% OF THE FEDERAL POVERTY GUIDELINES.

- While we would like to help, we simply do not have the resources to assist those outside of the Tri-County or those who earn over 200% of the federal poverty guidelines.

I HAVE READ AND UNDERSTAND THE POLICIES AS SET FORTH BY THE DENTAL CARE ACCESS IN ACCORDANCE WITH THE FLORIDA DEPARTMENT OF HEALTH. FAILURE TO FOLLOW THE ABOVE GUIDELINES MAY RESULT IN RECEIVING A WARNING OR DISCHARGE LETTER.

Print Patient Print Name

Sign Patient Name or Responsible Party

Date

YOUR REGISTRATION EXPIRES ON: _____

P.O. Box 531027, Orlando, FL 32803

www.dentalcareaccess.org

407-898-1525