



STUDENT CLINIC CARE AGREEMENT

Welcome to the UI College of Dentistry!

We appreciate your interest in receiving treatment in our student clinics. The purpose of today's screening appointment is to determine if your dental needs and expectations can be met in our student clinics. We will perform a brief examination (\$15.00) and take radiographs (fee charged) if needed. If you are accepted as a patient in the student clinics, your dental care will not begin until after your comprehensive exam and treatment planning appointment, which will be scheduled on another day after you have completed this appointment.

Please carefully review the following and sign below to acknowledge your understanding and agreement:

- **Time and Personal Commitment.** Dental care in the student clinics requires extra time and a personal commitment by you. We appreciate your understanding of the longer time it will take your student providers to complete your dental treatment and for faculty dentists to approve your treatment at each visit.

Appointments in the student clinics are scheduled Monday through Friday, **9:00 am to 12:00 pm** and **1:00 pm to 5:00 pm**. Patients are expected to arrive on time and stay for the duration of their appointments. More appointments are required than in private practice. Reduced fees are offered as compensation for your extra time. We follow an academic schedule, therefore appointments may not be available during the summer months, holidays, and during semester breaks. Please indicate below (circle) your availability for appointments:

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

- **Keeping Appointments.** Our student providers rely on their patients for their required clinical experiences. If you do not attend a scheduled appointment or fail to give us **48-hour notice (two business days) of the need to cancel or reschedule an appointment**, your dental treatment does not progress as planned and your student can miss out on important dental training requirements. If you miss (fail or late cancel) multiple appointments, you will be asked to seek treatment outside the University of Iowa College of Dentistry and Dental Clinics.
- **Transportation.** You must have reliable transportation to your appointments.
- **Fees and Payment Policy.** Payment is expected after each visit. We accept cash, checks, credit and debit cards and dental insurance. The College of Dentistry is a participating provider with Iowa Medicaid (Title XIX) the Iowa Dental Wellness Plan and some other plans. You will be responsible for any deductibles, co-payments, and final balance not paid by insurance. A down payment may be required for some dental treatment. Payment arrangements may be made with the approval of the Business Office.
- **Emergency Treatment.** Emergency treatment is available **by appointment** at the College during clinic hours except for holidays. Contact our Call Center at **(319) 335-7499** during clinic hours (8:00 am – 5:00 pm) to make an appointment. **After-hours emergency care** is available through the University of Iowa Hospitals and Clinics by calling **(319) 356-1616**. Ask for the dental General Practice Resident on call. If you are seen in the emergency room, there will be a charge for emergency room services, in addition to any charges for dental treatment.
- **Children/Dependent Adults in the Clinics.** To help ensure the safety and comfort of all, the College asks that patients make their own care arrangements for young children and dependent adults during dental appointments. Children and dependent adults are not permitted in the dental treatment areas if they do not have a dental appointment and may not be left unsupervised anywhere in the building or on the grounds.
- **Parking.** An hourly fee is charged for parking. Patients who are here at least three hours and receive a parking validation card from a clinic, will receive the lowest possible parking rate.

I understand the above conditions and accept that my failure to comply with these rules may result in my discontinuance as a patient at the University of Iowa College of Dentistry and Dental Clinics.

Patient signature: _____ Date: _____

Parent/legal guardian signature: _____ Relationship: _____

This section to be filled in by the College of Dentistry:

Patient referred to: _____ Faculty signature _____ Date _____