



Lower Elwha Wellness Center – Dental Clinic

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DENTAL POLICIES

Office hours are from 7:30 a.m. – 6:00 p.m., Monday through Friday.

Children under the age of 18 will not be seen without a parent or guardian present. Exceptions may be made if the clinic obtains authorization prior to appointment time, a parent/guardian signature is obtained for consent to treatment, a contact phone number is available and the child's Medical History is up to date.

1. Emergency patients check in at 11 a.m. Monday – Friday. This time is reserved for true emergencies (such as severe pain, swelling, and/or trauma. Patients may have to wait until a dentist can see them.
2. **Patients are required to show proof of insurance or a denial letter before being eligible for care.**
 - Non-native patients 19 and under on Medicaid must have an active Provider One (CNP) card at the time of service to be eligible for care.
 - Non-Native employees must have dental insurance, and assume responsibility for the remainder of their balance.
3. Native patients who are not enrolled Elwha Tribal Members are eligible for routine dental care, (exams, cleanings, fillings), and only one upper level service (crown/bridge root canal, dentures) will be provided a year. Payments of lab fees are required prior to dental work.
4. Purchased/Referred Care (PRC) priority will be given to Elwha patients who do not break appointments, are prompt, maintain good oral hygiene, and show the ability and motivation to properly care for specialty dental services.
5. Broken appointments cost the Tribe money and are inconsiderate to other patients in need. This costly and discourteous behavior will result in penalty. Two broken appointments within a six-month period will result in only emergency care for six months, (i.e. you will not be able to make appointments for 6 months). Cancelling an appointment with less than 24-hour notice is considered a broken appointment. Each hour of missed appointment time is considered a broken appointment (i.e. a two-hour appointment will count as two broken appointments). **If you cannot make your appointment, inform us at least 24 hours in advance.**

Dental Staff reserves the right to refuse services to any patient who expresses hostility or abusive behavior.

Please be aware that all patient interactions are recorded permanently in the dental record.

Signing below acknowledges I have read and understand the above policies.

Signature

Date

Print Name

Child Name (if under 18) _____

Date _____