

**Northeast Wisconsin Technical College
Dental Clinic
Patient Acknowledgements**

PATIENT INFORMATION

Name: Last First MI	Date of Birth:	Forward Health ID Number:
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Acknowledgement of Clinic Service Limitations

I acknowledge that the NWTC Dental Clinic provides limited services and is not considered a primary dental provider. I understand that if I need services which are not available at the NWTC Dental Clinic, I should contact Member Services at 1-800-362-3002.

Signature

Date

Acknowledge of Payment for Service

If I am found ineligible for Wisconsin Medical Assistance (MA) at the time that dental services are provided, I agree to pay Northeast Wisconsin Technical College Dental Clinic for the services rendered at the MA rate.

Signature

Date

Clinic Attendance Policy

I understand that if I fail to show for an appointment or fail to cancel within 24 hours, I may not be seen at the Northeast Wisconsin Dental Clinic for a period of one year.

Signature

Date

Acknowledgement of Teaching Clinic

I acknowledge and agree to dental service/treatments that may be provided by a Northeast Wisconsin Technical College Dental Hygienist student, supervised by a licensed dentist and registered dental hygienist.

Signature

Date

Clinic Behavior/Dismissal Policy

I understand the Northeast Wisconsin Technical College Dental Clinic will not tolerate disruptive, hostile, aggressive or threatening behavior. NWTC Dental Clinic staff will ask any patients or visitors displaying inappropriate behaviors to immediately leave the premises. If the patient or visitor refuses to leave when notified to do so, NWTC Security will be contacted to remove the patient or visitor. Any patient or visitor involved in these situations will no longer be scheduled for appointments in the NWTC Dental Clinic.

Signature

Date

Supervision of Children Policy

Children of patients are not allowed in the Dental Clinic while their parents are receiving treatment. For their safety, and the safety of our staff and students, it is the responsibility of the child's guardian to insure proper supervision is provided. NWTC Dental staff or students will not be responsible for watching children during a patient's appointment. Your appointment will be cancelled if you do not provide appropriate supervision.

Signature

Date

Dentures & Partial

I understand dentures and partials are not fabricated at NWTC.

Signature

Date