



PLACE LABEL HERE.
IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

DEPARTMENT OF DENTISTRY

1222 Jefferson Park Ave., PO Box 800740, Charlottesville, VA, 22908
Ph: 434-924-1774 Fax: 434-243-6378

STATEMENT OF DEPARTMENT POLICY

Welcome to our clinic! We will do our best to serve your dental care needs, and if there is anything we can do to improve patient care, please let us know. You may be eligible to receive dental treatment under Ryan White II funding, with preventive, basic restorative, and oral surgical dental treatment being provided to qualified patients with co-morbid medical problems. In order to receive care, it will be necessary for you to do the following:

1. Ryan White Title II requires that you provide verification of your financial qualifications under this program. Both Ryan White and the Dept. of Dentistry want to be able to provide you with dental care, but this verification is necessary. Failure to provide the required verification will result in a loss of funding under Ryan White. There are two ways that you can do this, and either one of them will satisfy this requirement:
 - a) It is in your best interest that you go through Financial Screening at the Hospital. Please bear in mind that your financial status is not verified until you have provided all the information required under Hospital screening guidelines. (Ph: 800-523-4398)
 - b) You can obtain a letter from your ASO that verifies that you have an income at/or below 400% of the minimum federal poverty level. (Must be brought to Dentistry.)

Financial verification has to be done on a yearly basis. If you do not continue to provide such verification, you will not be able to receive Ryan White funded dental care.

2. Ryan White also requires that you sign off on an Authorization for disclosure of Protected Health Information. This form will be provided to you at your initial examination. The Information that you provide is confidential and will only be shared with Ryan White Region 1. It must be filled out on a yearly basis. If you have any questions about this questionnaire we will be happy to address them.
3. Our dental clinics have a policy regarding broken appointments in which two or more broken appointments will result in patient inactivation. Patient time in our clinics is very valuable, and we may have more patients seeking appointments than available clinic time. Because of this, we simply cannot afford to lose patient care time to those patients who chronically break dental appointments. If you break 2 or more dental appointments, your dental chart will be inactivated and you will be denied routine dental care in our clinics. If you must cancel an appointment, please call 434-924-1774 or 1-800-251-3627 and ask for the Dentistry Clinic, extension 4-1774.

If you have any comments or problems regarding dental care at our facilities, please feel free to contact a Patient Care Representative at 434-924-8315.

I, the undersigned, verify that I have read the above information and agree to comply with the requirements set forth by Ryan White and the Dept. of Dentistry at the University of Virginia Health System.

Signature _____ Date _____