



Clayton County Health District
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Uninsured Patient Dental Program Application Packet

This program is available for the uninsured patient with an income of less than 200% of the current Federal Poverty Level.

Dental Services available:

* dental exam *x-rays *cleanings *fillings *extractions *sealants

After completing an application packet, we will schedule an initial appointment. You may submit the application packet to the Health Department or to the Dental Clinic.

To participate in the Uninsured Patient program, proof of income must be provided along with a photo ID.

If you have no income, then proof of support must be provided. If you are supported by someone other than your spouse, that person must personally come into the Health Department or Dental Clinic, provide a photo ID and proof of income, and write a brief statement that they are supporting you. This statement and information will then become a permanent part of your record.

The first visit will consist of an exam by the dentist and any necessary x-rays needed to discuss treatment options. **Any treatment that can be accomplished at our clinic will be scheduled for a future appointment.**

Many preventative services are scheduled with a dental hygienist under general supervision without the dentist being present. Dental examinations and updated x-rays are recommended every six months but required at a minimum interval of every 12 months.

Patients with treatment needs that are more extensive than we provide here will be referred out to other dental providers or specialists. **There is a charge for the initial exam and x-rays, even if a referral for treatment is needed.**

Payment is expected PRIOR to receiving any services. Cash, debit or credit card payment accepted at this time.

My signature below indicates that I understand and agree with the office policies outlined above.

Signature

Date

www.claytoncountypublichealth.org

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