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**Patient Bill of Rights**

• Be treated with courtesy, respect, and confidentiality

• Be treated without discrimination based on race, color, national origin, sex, sexual orientation,

age, disability, and/or socioeconomic status.

• Receive dental care in a safe and secure environment, free from abuse or harassment.

• Be given complete and current information about your dental condition and treatment.

• Be informed about treatment alternatives, the advantages/disadvantages of each, estimated cost

of each, as well as the risks of refusing treatment.

• Receive an estimated cost of treatment as well as continuing explanations of your bill, as

requested.

• Participate actively in decisions regarding your dental care or designate a representative when

appropriate.

• Expect treatment that meets the standard of care in dentistry including the use of appropriate

infection control.

• If our facility is unable to provide treatment that meets the current accepted standard of

care in dentistry for a procedure, then referral to a specialist will be provided for the

treatment to be completed at their facility instead.

• Pt is expected to treat all specialists in the same manner as they would treat someone in

our facility following the patient responsibilities listed below.

• Continuous and comprehensive care, but also emergency treatment as needed, keeping in mind:

• Care will follow a comprehensive and appropriately sequenced treatment plan

• Goals will vary depending on individual needs of each patient.

• Expect emergency treatment to be available during office hours, with priority given to providing relief of pain and swelling, however,

• The goal of this facility is comprehensive care, so appropriate subsequent appointments

will need to be scheduled in regards to keeping with continuous and comprehensive

care.

**Patient Responsibilities**

• Become familiar with the Patient Bill of Rights in order to establish an even and balanced

doctor/patient relationship.

• Successful relationships demand that each party recognizes and respects the needs of the

other.

• Be respectful of dental personnel, other patients, facility property, and any specialists involved

in your care.

• Make arrangements for the care of your small children or dependent adults during your dental

appointments.

• If accompanying a minor, remain in the dental office until treatment is complete unless previous arrangements have been made with Dr. Mowery.

• Arrive on time for a scheduled appointment and be able to stay for the duration of the

appointment, or give a 48-hour notice for a change in appointment.

• Keeping in mind that a failure to keep a scheduled appointment may result in a severed

relationship between the patient and dental facility. If you must cancel an appointment,

make sure you reschedule accordingly in a timely manner.

• Provide accurate and complete information about your health, including medications and past or present medical problems, which can affect your dental health.

• Report any changes in health status.

• Provide current information regarding your dental insurance.

• Follow treatment recommendations given by your dental care provider after reasonable

treatment options are presented.

• Notify a provider if you do not understand information about your care or treatment.

• Inform your provider if you are not satisfied with any aspect of your care.

• Provide payment on the day treatment is rendered, or pay promptly all fees for treatment you

have received once insurance has paid their portion.