

**CHOICES** *You have a right to . . .*

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- choose your own dentist.
- receive kind and respectful care.

**INFORMED CONSENT** *You have a right to . . .*

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- have an interpreter present with you if you do not speak English.
- be with your child for dental visits.
- see the dentist every time you or your child receive treatment.
- be told what dental care is needed and your choices for dental care.
- be told what dental care is planned before each visit.
- accept, wait or refuse any part of dental care.

**CONFIDENTIALITY** *You have a right to . . .*

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- expect privacy about your child's dental history.

**EMERGENCY CARE** *You have a right to . . .*

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- receive emergency care from your own dentist.

**KNOW THE COST** *You have a right to . . .*

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- agree to the cost of dental care before getting care.
- receive clear and complete information about Medicaid coverage or insurance benefits.
- have your bill explained to you.

**COMPLAINTS** *You have a right to . . .*

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- make a complaint about the dental care you receive.
- contact others if you are not satisfied.

**CHOICES** *You have a responsibility to . . .*

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- choose another dentist if you are not comfortable.
- be kind and respectful of the dental team:
  - √ Be on time for visits, or change visit times early.
  - √ Make a dependable transportation plan.
  - √ Leave other children at home.
  - √ Bring toys and diapers for young children.
  - √ Tell happy stories about dental visits to your children.

**INFORMED CONSENT** *You have a responsibility to . . .*

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- ask the dentist for an interpreter to be with you for dental treatment at least 48 hrs. in advance.
- teach your children to have dental care without you.
- not get in the way of the dentist when you are with your child.
- ask questions about your dental care.
- understand that any plan can change.
- accept the risks and benefits of waiting or refusing care.

**CONFIDENTIALITY** *You have a responsibility to . . .*

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- provide a complete and current health history.

**EMERGENCY CARE** *You have a responsibility to . . .*

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- be fair when asking for emergency care.

**KNOW THE COST** *You have a responsibility to . . .*

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- pay for dental care that is not paid for by a coupon or insurance.
- provide a current Medicaid ID card to the dentist.
- tell the dentist office when you have a change in dental coverage or insurance.
- ask about your bill, if you do not understand it.

**COMPLAINTS** *You have a responsibility to . . .*

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- talk with the dentist about your concern before contacting others.
- contact the local dental society, insurance company, Medicaid office, or WA State Dental Quality Assurance Commission.

## About Medicaid coverage:

Medicaid pays the dentist much less than other types of dental insurance. This payment is less than what other people or insurers pay for the same dental care.

Dentists agree that they will accept only what Medicaid will pay them for dental care. They cannot charge you for the dental services that Medicaid covers. Medicaid does not pay for all types of dental services. Medicaid asks dentists to have you sign an agreement that you are responsible to pay for dental services that Medicaid does not cover.

Only 25% of Snohomish County dentists accept Medicaid coverage for children. Less than 10% accept Medicaid coverage for adults.

Dentists stop taking new patients with Medicaid coverage when Medicaid patients miss visits. Missed visits cost dentists money. If you must change the visit, call the dentists as soon as you can. Dentists like to be called as soon as you know your visit time must be changed.

Interpreter services: Snohomish Co. 1.877.852.2580  
*Must be arranged by the provider office.* King Co. 1.800.925.5438

Transportation: Client must call 1.877.852.2580 at least 3 days before appointment to arrange a ride.

*No charge to provider or client for these services when using medical coupon.*

# Dental Patients' Rights and Responsibilities



**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER COMMUNITY

**Oral Health Program**  
Snohomish Health District  
3020 Rucker Avenue, Suite 203  
Everett, WA 98201  
Phone: 425.339.5219 Fax: 425.339.5255  
[www.snohd.org](http://www.snohd.org)

