

# Welcome To Omni Dental Group

It is Omni Dental Group's goal to provide you with the most efficient, effective, and excellent dental treatment while also providing you with great customer service, common courtesy, and compassion to meet your personal dental needs. We need your help and understanding of your right to privacy, our financial policy, assignment of insurance benefits, and your responsibility in maintaining your oral health to achieve that goal. Please read the following carefully. If you have any questions, please ask any Front Desk Associate or contact our Office Manager.

## CONSENT FOR SERVICES

I authorize the Doctor to take x-rays, study models, photography, or any other diagnostic aids deemed appropriate by the Doctor to make a thorough diagnosis. I further authorize and consent that the Doctor may choose and employ such assistance he/she deems fit while making a diagnosis.

## TREATMENT PLAN

After the initial comprehensive examination we will discuss your oral health and recommended treatment plan with you. We will offer you treatment options where possible and plan treatment to address your most urgent needs first. In some cases, it is necessary to schedule urgent procedures prior to routine cleanings. The treatment plan can change during the process of actual treatment. Once your treatment is complete, we will monitor your general dental health at your six month recall (cleaning and exam) appointments.

It is your sole responsibility to maintain your oral health. We will assist you in any way possible to facilitate your treatment. However, if you do not comply with the planned and recommended treatment or otherwise fail to maintain your oral health, we will be unable to retain you as a patient in our practice.

## REGARDING MINOR PATIENTS

Omni Dental Group does not see patients under the age of three (3). An adult or guardian must accompany all minor patients (under the age of 18) and must remain on premises, outside the operator, throughout the appointment. The parent or guardian accompanying the minor patient is legally responsible for any payments due at that appointment.

## REGARDING PARENTS WITH CHILDREN

Omni Dental Group cannot provide child care during appointments and, as provided by state regulations, children cannot accompany an adult into the operator. Please make arrangements for your children's care accordingly.

## FINANCIAL POLICY

Payment for services is due at the time services are rendered. We accept cash, personal checks, most major Credit Cards, and Debit Cards. You may also qualify for interest free loans available through a third party lender upon credit approval. See [www.carecredit.com](http://www.carecredit.com) or [www.capitalonehealthcarefinance](http://www.capitalonehealthcarefinance) or ask a Front Desk Associate for more information. Unfortunately, Omni Dental Group does not provide in office payment plans.

All dental x-rays and records are property of this office. Any costs to transfer to another practitioner will incur a duplication fee.

In the event of a returned check (NSF Item) an additional amount of \$30 (NSF Fee) will be charged. Payment of the amount of the NSF item plus \$30 NSF fee must be paid within 48 hours by cash, cashier's check, or money order.

In the event of default on any balance due, for any reason, the patient (or financially responsible party) will be accountable for any and all amounts due, finance charges, collection agency fees, attorney fees, and court costs.

## Broken Appointment Policy

There is a \$30 per half hour fee for broken appointments without 24 hours notice; this includes same day cancellations and no-shows. We value your time and ask that you kindly give us 24 hours notice if you are unable to make your dental appointments. All appointments are confirmed by phone with at least 24-48 hours notice to the patient. The reminder call from our office is a courtesy to our patients. It is NOT mandatory. It is the patient's responsibility to know when their appointment is and to call us with reasonable notice, 24 hours, if it is to be cancelled or changed.

We understand our patients' time is valuable and this is why we schedule appointments, so that the patient can arrange their schedules accordingly.

## **YOUR INSURANCE**

Omni Dental Group has arranged to accept many insurances and dental health plans (assignment of benefits). We must emphasize that our relationship is with you, not your insurance company. While the filing of the insurance claims is a courtesy we extend our patients, all charges are your responsibility at the time of service.

True account balances cannot be determined until all claims have been paid by the insurance.

Claims are filed for plans classified as “indemnity”, “fileable”, or “PPO.” These plans require you to pay the co-payment, deductibles, and/or coinsurance at the time of service. We will file the claims to all insurances for which we have an agreement. We do not accept HMO, DMO, or DHMO insurances.

If your insurance cannot be verified prior to your appointment, you will be responsible for all charges of the appointment. Utmost effort will be made to notify you of any such circumstances. Patients will be given a receipt for reimbursement from their carrier in circumstances where insurance cannot be verified.

If we do not have an agreement with your insurance carrier, we will provide you with a receipt that you can submit to your insurance company. We do not provide claim forms. Your insurance company should send the benefit payment directly to you. Consequently, the charges for your care and treatment are due at the time of service.

We do not file SECONDARY insurance plans. It is the insured’s responsibility to file any secondary insurance coverage. The patient is responsible for the co-pay assigned by the primary insurance at time of service and must file their own secondary benefits.

In the event that your dental insurance or plan determines a service to be “not covered”, you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office or your next office visit, whichever should come first. If you disagree with the insurer’s determination, you must contact your insurance company to resolve the dispute. Disputed charges shall not be adjusted on the Omni Dental Group account. The patient is responsible for all charges and any applicable finance charges.

## **ALTERNATE BENEFIT AND OTHER CLAUSES**

Your insurance may contain clauses that affect the amounts paid by your insurance. Omni Dental will notify you of such clauses whenever possible; however it is your responsibility, not Omni Dental Group’s, to be aware of these clauses for your particular insurance and the effect on the amounts due. For example, an alternate benefit clause states that your insurance will only pay the cost of an amalgam filling, not a composite filling. Your responsibility for charges in this case would be the cost of the composite filling minus the cost the insurance will pay for an amalgam filling and your co-pay. You are responsible for the remaining difference.

## **PATIENT PRIVACY NOTICE**

Relationships are built on trust. One of the most important elements of trust is respect for an individual’s privacy. The entire of Omni Dental Group values our relationship with you and we take personal privacy seriously. This privacy notice explains how we manage the personal and health information we have obtained from you and how that information is used in administering your dental insurance. Please read this notice carefully.

*Information we collect about you:* We collect nonpublic personal information about you or your family when you contact us to make a dental appointment. We require a copy of your insurance card when available. This personal information may include your name, address, telephone numbers, date of birth, Social Security number, and your employer information. We ask that you complete a comprehensive health history form for your personal record, and we require verification of your dental insurance for your specific plan coverage for you and all your dependents.

*How your information is used:* The personal and health information we obtain and store is used to effectively administrate your insurance benefits and to protect your health needs. Upon arrival you will sign your name on a sign in sheet. Your name may be called if you are needed at the front desk or if you are being taken to the treatment area. Your personal health information may be discussed with your physician or another healthcare provider. Your personal information may be requested by your insurance company to provide them information to properly file a claim. A laboratory may require some of your personal information, however, that is usually limited in nature. Your treating dentist may discuss aspects of your case with one of his/her colleagues or information may be given to a specialist in order to provide treatment. The information you have provided to us may be used in the confirmation of appointments including messages left on answering machines and/or voice mail.

*Safeguarding your personal and health information:* We restrict access to your personal and health information to those employees who need to know the information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal and health information.

*Changes to our privacy policy:* Omni Dental Group occasionally reviews its privacy policy and reserves the right to amend it. Should our privacy practices change, we will post a copy of the revised Notice in our waiting area that indicates the date of the amended Notice. You may request and obtain a copy of our Notice of Privacy Practices anytime you visit our office.

**DATE:** \_\_\_\_\_

**Please initial each statement and sign below as acknowledgement and acceptance of these policies.**

- \_\_\_\_\_ *I have read and understand the Patient Privacy Notice (HIPAA Notice) for Omni Dental Group.*
- \_\_\_\_\_ *I agree to consent to services as recommended by the Doctor.*
- \_\_\_\_\_ *I understand it is my responsibility to comply with the recommended treatment plan and to maintain my oral health. Failure to follow the recommended treatment plan may result in dismissal as a patient.*
- \_\_\_\_\_ *I have read and understand the financial policies of the practice and agree to be bound by the terms.*
- \_\_\_\_\_ *I have read and understand the insurance information provided to me and acknowledge that specialized clauses may change the amount paid by my insurance and increase the amounts I owe.*
- \_\_\_\_\_ *I certify that all information I provide is true and correct to the best of my knowledge.*
- \_\_\_\_\_ *I understand it is my responsibility to notify Omni Dental Group of any changes in pertinent information: insurance, address, phone numbers.*
- \_\_\_\_\_ *I am aware of Omni's broken appointment policy.*
- \_\_\_\_\_ *I understand any of these policies may be amended by the practice from time to time.*

\_\_\_\_\_  
Printed Name of Patient/Parent/Guardian      Signature of Patient or Responsible Party      Date

Patient refused to sign.      Reason: \_\_\_\_\_  
Office Representative: \_\_\_\_\_

**Please return this form to the front desk. Thank you. ☺**