

Cellphone Authorization

The FCC has passed a new order under the Telephone Consumer Protection Act. This rule requires a business to obtain your consent prior to contacting you on your cellphone.

Your signature below authorizes Simmons Dental Care to contact you on your cellphone to discuss fees and billing, insurance, medical history, and appointment scheduling.

Patient/Guardian Signature

Date

EMAIL AUTHORIZATION

We are happy to use email as a form of correspondence regarding you and our office. But in order for us to do so via email, you must provide consent recognizing that email is not a secure form of communication.

Unencrypted email is not a secure form of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by, unauthorized third parties.

However, you may consent to receive email from us regarding your treatment, dental specials we are offering, or our dental newsletter. We use the minimum necessary amount of protected health information in any communication.

Our first email to you will verify the email address you provide.

I consent and accept the risk in receiving information via unsecured email. I understand I can withdraw my consent at any time. My email address is: _____.

I do not consent to receiving any information via email. I understand that I can change my mind and provide consent later.

Patient/Guardian Name

Date

Patient acknowledgement of receipt of:
1) Dental Materials Fact Sheet and,
2) HIPAA Notice of Privacy Practices.

Signature below is acknowledgement that you have received these forms. If you have any objections or questions regarding these forms, please let us know.

Thank you,

Patient/Guardian Signature

Date

SIMMONS DENTAL CORPORATION

Dear Patient:

Thank you for selecting Simmons Dental Corporation for your dental needs. We understand that financial policies, along with the billing and payment process common to dental offices can be confusing. With that in mind, we have prepared this form to help you understand our financial and office policies.

FOR OUR PATIENTS WITHOUT DENTAL INSURANCE COVERAGE: Payment is due, in full, for services rendered at each visit, unless prior arrangements have been made with the Financial Department.

FOR OUR PATIENTS WITH DENTAL INSURANCE COVERAGE: Insurance forms must be provided at each visit or the patient will be required to pay in full for services rendered. With the proper, completed insurance form we will be happy to bill your insurance company, however, we must remind you that our office has no control over the coverage you selected, the amount of your benefits, or the time that will elapse before we receive payment from your insurance company. At each visit, payment is due for the portion of the cost not covered by your insurance, which will be **estimated** by the financial department. If your insurance company does not pay within the time that is usual and customary for most insurance companies (35) days, **YOU SHOULD CONTACT YOUR INSURANCE COMPANY OR EMPLOYER TO DETERMINE WHY THEY HAVE NOT PAID.** We will then ask that you pay any outstanding balance on your account. Any overpayment that may occur will be applied to your account or refunded to you at your request. Once the insurance has paid for a date of service, we will notify you if a balance is due. Any unpaid balance is due from you within 10 days after notice.

For dental treatment that may create a financial burden at this time, we now offer CareCredit financing. For more information, please ask for a brochure. Our office accepts most major credit cards. Any treatment estimates for future treatment are valid for 90 days.

GENERAL ANESTHESIA POLICY: Medications and supplies are prepared at least one day prior to a general anesthesia appointment. They cannot be used on another patient. For this reason we request a non-refundable deposit of \$100.00 at the time the general anesthesia appointment is scheduled. (The deposit will be credited toward the cost of treatment if the cancellation policy is followed.)

LATE CANCELLATION AND BROKEN APPOINTMENT POLICY: There will be a broken appointment/late cancellation charge of \$100.00 per half hour applied to the account of every patient who cancels or breaks an appointment without 24 hour notice. We are unable to schedule further appointments for you until these charges are cleared.

I will allow Dr. Simmons to photograph and use for educational purposes any aspect of my dental condition or treatment procedures or publish any testimonials I provide. I further permit him to discuss my conditions with my physician and to request medical information from him/her.

If you have any questions about your bill, or would like to discuss financial arrangements, please call between 9:00 am and 3:00 pm. Monday through Friday at (661) 947-3163. We will be happy to help you.

I have read and understand all of the above.

Signature of Patient or Guardian

Date

**PERMISSION FOR DENTAL TREATMENT TO A
MINOR CHILD**

I, being the parent or guardian of the below named patient, do hereby grant my permission for Dr. Simmons to render any dental treatment deemed necessary in his professional judgment to my below named child.

Child's Name

Parent's or Guardian's Signature

Date

SIMMONS DENTAL CARE FINANCIAL POLICY

“Ensuring that our patients receive high quality dental treatment in a caring and comfortable manner is the goal of our practice.”

***** Payment is due at the time of treatment , unless prior payment arrangements have been made.*

****** We accept cash, checks, and major credit cards.*

******We also offer a payment plan called CareCredit that allows you to start treatment today and spread payments over time. (CareCredit may also be used on existing patient balances.)*

******We offer an in-house monthly payment plan,(pending credit approval), where we debit the credit card you have authorized us to keep on file, to use for a set monthly amount on a day of the month that is good for you.*

We are here to help make your dental visit as comfortable and pleasant as possible. Please let us know if you have any questions.

I understand the payment arrangements accepted at Simmons Dental Care, and that I am responsible for any portion of my bill that is not covered by insurance.

Patient Signature/Responsible Party

Date

SIMMONS DENTAL CARE

Notice of Privacy Practices

******Notice of Privacy Practices**

This Notice describes how your health information may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

******Our Legal Duty**

Federal and state laws require us to maintain the privacy of your health information. We are also required to provide this Notice about our office's privacy practices, our legal duties, and your rights regarding your health information. We are required to follow the practices that are outlined in this Notice while it is in effect. This Notice takes effect Feb. 1, 2014, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. For more information about our privacy practices or additional copies of this Notice, please contact us (contact information below).

******Uses and Disclosures of Health Information**

We use and disclose health information about you for treatment, payment, and healthcare operations.

For example: Insurance submittal for treatment rendered.

******Treatment:**

We disclose medical information to our employees and others who are involved in providing the care you need. We may use or disclose your health information to another dentist or other healthcare providers providing treatment that we do not provide. We may also share your health information with a pharmacist in order to provide you with a prescription, or with a laboratory that performs tests or fabricates dental prostheses or orthodontic appliances.

******Payment:**

We may use and disclose your health information to obtain payment for services we provide you, unless you request that we restrict such disclosure to your health plan when you have paid out-of-pocket and in full for services rendered.

******Healthcare Operations:**

We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include, but are not limited to, quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

******Your Authorization:**

In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may send a written complaint to our office or to the U.S. Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

Acknowledgement of Receipt of Notice of Privacy Practices

****You May Refuse to Sign This Acknowledgement****

I, [full name], have received a copy of the _____ [name of practice] Notice of Privacy Practices.

_____ [Please Print Name]

_____ [Signature]

_____ [Date]

If this Acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's name _____

Relationship to Patient _____

Office Use Only - Patient Refused to Sign Form _____ Date _____

HIPAA Privacy Rule Receipt of Notice of Privacy Practices Written Acknowledgment Form

Acknowledgment of receipt of Information Practices Notice (§164.520(a))

I, _____ (Patient's name) understand that as part of my healthcare, this facility originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment and any plans for future care or treatment. I acknowledge that I have been provided with and understand that this facility's **Notice of Privacy Practices** provides a complete description of the uses and disclosures of my health information. I understand that:

- I have the right to review this facility's Notice of Privacy Practices prior to signing this acknowledgment;
- this facility reserves the right to change their Notice of Privacy Practices and prior to implementation of this will mail a copy of any revised notice to the address I've provided, if requested.

Signature of Individual or Legal Representative Witness _____

Printed Name of Individual or Legal Representative _____

Witness _____

Date: _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but it could not be obtained because:

- Individual refused to sign
- Communication barrier prohibited obtaining the Acknowledgment
- An emergency situation prevented us from obtaining the Acknowledgment
- Others (please specify)

HIPAA Officer

Date

Dental Materials – Advantages & Disadvantages

PORCELAIN FUSED TO METAL

This type of porcelain is a glass-like material that is “enameled” on top of metal shells. It is tooth-colored and is used for crowns and fixed bridges

Advantages

- ☞ Good resistance to further decay if the restoration fits well
- ☞ Very durable, due to metal substructure
- ☞ The material does not cause tooth sensitivity
- ☞ Resists leakage because it can be shaped for a very accurate fit

Disadvantages

- More tooth must be removed (than for porcelain) for the metal substructure
- Higher cost because it requires at least two office visits and laboratory services

GOLD ALLOY

Gold alloy is a gold-colored mixture of gold, copper, and other metals and is used mainly for crowns and fixed bridges and some partial denture frameworks

Advantages

- ☞ Good resistance to further decay if the restoration fits well
- ☞ Excellent durability; does not fracture under stress
- ☞ Does not corrode in the mouth
- ☞ Minimal amount of tooth needs to be removed
- ☞ Wears well; does not cause excessive wear to opposing teeth
- ☞ Resists leakage because it can be shaped for a very accurate fit

Disadvantages

- Is not tooth colored; alloy is yellow
- Conducts heat and cold; may irritate sensitive teeth
- High cost; requires at least two office visits and laboratory services

DENTAL BOARD OF CALIFORNIA

2005 Evergreen Street, Suite 1550, Sacramento, CA 95815

www.dbc.ca.gov

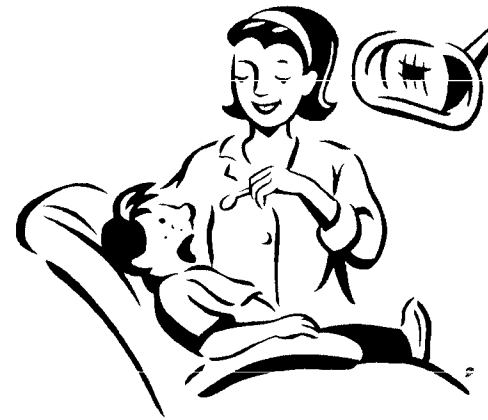
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The Facts About Fillings

The Facts About Fillings



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Dental Materials – Advantages & Disadvantages

DENTAL AMALGAM FILLINGS

Dental amalgam is a self-hardening mixture of silver-tin-copper alloy powder and liquid mercury and is sometimes referred to as silver fillings because of its color. It is often used as a filling material and replacement for broken teeth.

Advantages

- ☞ Durable; long lasting
- ☞ Wears well; holds up well to the forces of biting
- ☞ Relatively inexpensive
- ☞ Generally completed in one visit
- ☞ Self-sealing; minimal-to-no shrinkage and resists leakage
- ☞ Resistance to further decay is high, but can be difficult to find in early stages
- ☞ Frequency of repair and replacement is low

Disadvantages

- Refer to “What About the Safety of Filling Materials”
- Gray colored, not tooth colored
- May darken as it corrodes; may stain teeth over time
- Requires removal of some healthy tooth
- In larger amalgam fillings, the remaining tooth may weaken and fracture
- Because metal can conduct hot and cold temperatures, there may be a temporary sensitivity to hot and cold.
- Contact with other metals may cause occasional, minute electrical flow

The durability of any dental restoration is influenced not only by the material it is made from but also by the dentist’s technique when placing the restoration. Other factors include the supporting materials used in the procedure and the patient’s cooperation during the procedure. The length of time a restoration will last is dependent upon your dental hygiene, home care, and diet and chewing habits.

COMPOSITE RESIN FILLINGS

Composite fillings are a mixture of powdered glass and plastic resin, sometimes referred to as white, plastic, or tooth-colored fillings. It is used for fillings, inlays, veneers, partial and complete crowns, or to repair portions of broken teeth.

Advantages

- ☞ Strong and durable
- ☞ Tooth colored
- ☞ Single visit for fillings
- ☞ Resists breaking
- ☞ Maximum amount of tooth preserved
- ☞ Small risk of leakage if bonded only to enamel
- ☞ Does not corrode
- ☞ Generally holds up well to the forces of biting depending on product used
- ☞ Resistance to further decay is moderate and easy to find
- ☞ Frequency of repair or replacement is low to moderate

Disadvantages

- Refer to “What About the Safety of Filling Materials”
- Moderate occurrence of tooth sensitivity; sensitive to dentist’s method of application
- Costs more than dental amalgam
- Material shrinks when hardened and could lead to further decay and/or temperature sensitivity
- Requires more than one visit for inlays, veneers, and crowns
- May wear faster than dental enamel
- May leak over time when bonded beneath the layer of enamel

