

Welcome to our practice! We are pleased to have you as a patient and to be given the opportunity to be your partner in informed dental care.

GENERAL OFFICE POLICIES:

Emergencies: We reserve a limited amount of time each day to accommodate emergency patients as to not infringe on the care of our scheduled patients. If you have a dental emergency, please call our office as early in the day as possible. If you have an after-hours emergency, simply call the office and leave a message for the on-call doctor by pressing 2.

Referrals: If the treatment required to address your child's dental needs cannot be provided in our office due to the degree of specialization of treatment, a referral will be given to you for a provider who can supply the needed service. It is your responsibility to call the specialty provider and schedule an appointment. Because the procedure will be carried out in another office, the fees will vary from ours, and only the specialist's office can give you an accurate estimate of the cost. Please keep in mind that any dental treatment rendered will apply to your annual insurance maximums.

Patient Communication: By providing your email address, phone number and mailing address, you are giving us permission to contact you through one or all of these communication methods. Please note that email and text messaging is not secure and there is a risk that it could be read by a third party. By sharing your contact information, you are acknowledging that you are aware of this risk and agree to receive this type of communication.

Appointments:

- Our office attempts to schedule appointments at your convenience and when time is available. You understand that by scheduling an appointment, you are making a commitment to a portion of time specifically for your child, making it unavailable for other patients.
- Children under the age of six and children who require longer appointment times are seen in the morning as they are fresher and we can work more slowly with the child for their comfort.

Confirmations:

- To ensure that patients are aware of their upcoming appointments, we follow the following schedule for appointment confirmations:
 - An appointment booking confirmation will be emailed the evening that the appointment is booked.
 - Two weeks before the appointment: A text reminder will be sent
 - One week before the appointment: An email reminder will be sent
 - Five days before the appointment: A text requesting confirm the appointment
 - Two days before the appointment: Our front office team will call to confirm any appointments not confirmed.

In order to provide quality dental care in a timely manner, we have a cancellation and no show policy. This policy enables us to better utilize available appointments for our patients in need of dental care. We respect and value your time and we make every effort to be on time for our patients and ask that you please extend us the same courtesy.

- Please arrive at least five minutes before your scheduled appointment time. If you are a new patient, please arrive 15 minutes prior so that we can verify that all paperwork has been completed. We make every effort to run on time for you so that we can minimize any waiting. To help achieve this goal, we have a strict tardy policy. If you are late for your appointment, you may be asked to reschedule the appointment.
- We understand that missed appointments sometimes happen. However, if you fail to make us aware that you will not be here, we are unable to care for other patients. Our office adheres to a strict 48 hour cancellation notice.

- Our policy is as follows:
 - New Patients and Patients over the age of 18
 - First missed appointment: The patient will be notified by letter.
 - Second missed appointment: It is necessary for us to terminate our professional relationship with the patient.
 - Patients under the age of 18: After three missed appointments
 - First missed appointment: The patient will be notified by letter.
 - Second missed appointment: A missed appointment fee of \$40 may be charged.
 - Third missed appointment: It is necessary for us to terminate our professional relationship with the patient.
- For patients with a history of missing or canceling appointments at the last minute, we reserve the right to double-book future appointments. The office will try to keep the time open for you, however we may schedule other patients to ensure that the time slot is filled and not wasted. You may be required to pay a deposit to secure future appointments.

Divorce/Changes in Guardianship:

- In the case of divorce or separation, the parent/guardian bringing the patient to the office is financially responsible. If the separation agreement requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other party.
- If there is a court mandated change in guardianship, we are required to follow the determination given by the court. We will request copies of all court documentation to keep on record. If there is an update given by the court, new documentation must be supplied in order for us to make changes.

Warranty Pledge:

- We take pride in the high standard of dentistry performed within our practice which is why we use the latest dental technologies and top-rated dental materials and techniques. To demonstrate our confidence in our work, our procedures come with a one-year conditional warranty for restorations and two year conditional warranty for dental sealants.

Photo & Images:

- I understand that photographs, radiographic images, and/or videos of my face, skull, and teeth will be used as a record of my care.
- I understand that the images and video taken may be used for the following but not limited to educational purposes in lectures, demonstrations, professional publications, and advertising (including website publication, magazines, television, online, and social media). In the case that any of the images or videos are used for external purpose, we will obtain a media use consent from the parent, guardian, or the patient prior to doing so.
- I further understand that if the photographs, radiographic images, and/or videos are used, I do not expect compensation, financial or otherwise for the use of the images.

FINANCIAL AND BILLING POLICIES:

Thank you for choosing Broad Smiles Pediatric Dentistry & Orthodontics! In an effort to better serve you, we would like to take the time to explain the billing process at our practice. To maintain practice operations and prevent potential misunderstandings, we ask patients to accept and adhere to the following financial policies regarding dental treatment.

Payment is expected the day services are rendered. For patients with dental insurance, if you provide the office with your dental insurance information, we will contact your insurance company and verify your benefits. We will do our best to answer any questions you may have about your insurance coverage but always suggest that you contact them directly whenever possible.

Dental Insurance:

- Many people have some form of dental insurance for their children; however, most dental benefit plans do not cover all dental procedures. Your dental coverage is not based on what your child needs or what our doctors recommend, it is based on how much your employer pays into the plan. When deciding on treatment, dental benefits should not be the only thing you consider.
- Almost all dental plans are a contract between your employer and an insurance company. Your employer and the insurer agree on the amount your plan pays and what procedures are covered. We have no control over the terms of your contract, the method of reimbursement or the determination of your benefits.
- As a courtesy to you, we will gladly submit the insurance claim to your insurance company on the day of service. We will collect the estimated co-payment and deductible at each visit. We make every effort to determine your insurance benefits when you receive treatment, but consider your co-payment an estimate until we receive payment from your insurance company. Please remember that any information we provide relative to your insurance coverage is our best estimate and is not a guarantee of payment.
- You agree to pay your portion of the charges not covered by insurance including co-payments and deductibles.
- A treatment pre-authorization can be sent to your insurance company at your request. This request will include the total cost your insurance will pay and your responsibility before your treatment begins. Please be aware that due to insurance processing time frames, this may delay the start of treatment.
- Please allow for 4-6 weeks for claim processing. If payment from the insurance carrier has not been received within 60 days, you will be responsible for payment of any treatment fees and collection of benefits directly from your insurance carrier.
- It is your responsibility to be aware of your insurance deductible and any plan maximums.

Payment:

- We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental you need and deserve. The following are several ways in which we can be of assistance to you in managing the cost of your child's dental care.
- Payment of all charges, or the applicable deductible(s) and co-payments are *due in full* at the date of treatment.
- We accept payment by cash, check, debit or credit card. This includes FSA/HSA accounts through your employer.
- For patients requesting a payment plan, we partner with Care Credit. Care Credit offers low interest financing in the form of a medical credit card that can be used for a variety of services including dental care. Our partnership with Care Credit does not guarantee approval. Each applicant must submit a credit application in order to determine approval.

- Should treatment be needed, a treatment plan will be provided for you that details the necessary procedures and the costs associated with the treatment. You will be given a written estimate of your financial obligation and asked to sign a financial agreement.
- For treatment over \$1,000, extended payment plans may be an option through Care Credit or our in-house patient payment plans.
- For any treatment over \$2,500, you will receive a 5% discount for pre-payment or payment in full at the time of treatment.
- Returned Checks: A fee of \$25.00 per occurrence will be charged to your account for any payments returned by your bank.
- If you have a balance on your account, we will send you bi-monthly statements until the balance has been resolved. Professional fees are the responsibility of the patient (if over 18,) parent or guardian that is authorizing treatment. We cannot send statements to anyone other than the patient, parent or guardian.
- If your account is past due, we will take necessary steps to collect this debt. This includes collections, small claims court and/or dismissal from the practice. You will be responsible for any fees incurred in the collection of your account, including collection agency fees and commissions, court costs and/or attorney fees.
- Any patient overpayments on your account will be refunded or applied to the next dental visit. The refund will be made in the same way the original payment was made. In the event the payment was made by cash or by credit card that is no longer active, the refund will be made by check.

GENERAL INFORMED CONSENT

Examinations and x-rays

I understand that the initial visit may require radiographs in order to complete the examination, diagnosis, and treatment plan. If I decline x-rays for more than two years, I understand that I must sign an X-Ray waiver consent form.

Drugs, medication, and sedation

I understand that antibiotics, analgesics, and other medications can cause allergic reactions such as redness, swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction). They may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs. I understand that and fully agree not to operate any vehicle or hazardous device for at least 12 hours or until fully recovered from the effects of the anesthetic medication and drugs that may have been given me in the office for my treatment. I understand that failure to take medications prescribed for me in the manner prescribed may offer risks of continued or aggravated infection, pain, and potential resistance to effective treatment of my condition. I understand that antibiotics can reduce the effectiveness of oral contraceptives.

Changes in treatment

I understand that during treatment, it may be necessary to change or add procedures due to conditions found while working on teeth, the most common being root canal therapy following routine restorative procedures. I give my permission to the dentist to make these changes as necessary.

Temporomandibular joint dysfunctions

I understand that symptoms of popping, clicking, locking and pain can intensify or develop in the joint of the lower (near the ear) subsequent to routine dental treatment wherein the mouth is held in the open position. However, symptoms of TMD associated with dental treatment are usually transitory in nature and well tolerated by most patients. I understand that should the need for treatment arise, that I will be referred to a specialist for treatment, the cost of which is my responsibility. With any dental treatment, there is a possibility of injury to the nerves of the lips, jaws, teeth, tongue or other oral or facial tissues. The resulting numbness that could potentially occur is usually temporary, but in rare instances it could be permanent. I understand that every reasonable effort will be made to ensure that any condition is treated appropriately. No guarantee or assurance has been given to me by anyone that any proposed treatment or surgery will cure or improve any conditions.

Dental Materials

A dental materials fact sheet is available at https://www.dbc.ca.gov/formspubs/pub_dmfs2004.pdf. A printed copy is also available at the front desk.

Resin Restorations

We only provide resin (tooth colored fillings) for our patients. We believe this to be a superior esthetic restoration. According to the terms of your insurance plan, you may be required to pay the difference between amalgam (silver) and resin restorations.

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how we, our Business Associates and their subcontractors, may use and disclose your Protected Health Information (PHI) to carry out Treatment, Payment or Health Care Operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. Please review it carefully.

We reserve the right to change this notice at any time and to make the revised or changed notice effective in the future. A copy of our current notice will always be posted in the waiting area. You may also obtain your own copy by accessing our website at www.broadsmilespdo.com or calling the Privacy Officer at 978-910-0004.

Some examples of Protected Health Information include information about your past, present or future physical or mental health condition, genetic information, or information about your health care benefits under an insurance plan, each when combined with identifying information such as your name, address, social security number or phone number.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

There are some situations when we do not need your written authorization before using your health information or sharing it with others, including:

- **Treatment:** We may use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services. For example, your Protected Health Information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
- **Payment:** Your Protected Health Information may be used, as needed, to obtain payment for your health care services after we have treated you. In some cases, we may share information about you with your health insurance company to determine whether it will cover your treatment.
- **Healthcare Operations:** We may use or disclose, as-needed, your Protected Health Information in order to support the business activities of our practice, for example: quality assessment, employee review, training of medical students, licensing, fundraising, and conducting or arranging for other business activities.
- **Appointment Reminders and Health-related Benefits and Services:** We may use or disclose your Protected Health Information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you. If we use or disclose your Protected Health Information for fundraising activities, we will provide you the choice to opt out of those activities. You may also choose to opt back in.
- **Friends and Family Involved in Your Care:** If you have not voiced an objection, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for your care, including following your death.
- **Business Associate:** We may disclose your health information to contractors, agents and other "business associates" who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, a billing company, an accounting firm, or a law firm that provides professional advice to us. Business associates are required by law to abide by the HIPAA regulations.
- **Proof of Immunization:** We may disclose proof of immunization to a school about a student or prospective student of the school, as required by State or other law. Authorization (which may be oral) may be obtained from a parent, guardian, or other person acting in loco parentis, or by the adult or emancipated minor.
- **Incidental Disclosures:** While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example,

during the course of a treatment session, other patients in the treatment area may see, or overhear discussion of, your health information.

- **Emergencies or Public Need:** We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you. We may use or disclose your Protected Health Information in the following situations without your authorization: as required by law, public health issues, communicable diseases, abuse, neglect or domestic violence, health oversight, lawsuits and disputes, law enforcement, to avert a serious and imminent threat to health or safety, national security and intelligence activities or protective services, military and veterans, inmates and correctional institutions, workers' compensation, coroners, medical examiners and funeral directors, organ and tissue donation, and other required uses and disclosures. We may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a workrelated injury or disease that your employer must know about in order to comply with employment laws. Under the law, we must also disclose your Protected Health Information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

REQUIREMENT FOR WRITTEN AUTHORIZATION

There are certain situations where we must obtain your written authorization before using your health information or sharing it, including:

- **Most Uses of Psychotherapy Notes:** when appropriate.
- **Marketing:** We may not disclose any of your health information for marketing purposes if our practice will receive direct or indirect financial payment not reasonably related to our practice's cost of making the communication.
- **Sale of Protected Health Information:** We will not sell your Protected Health Information to third parties. You may revoke the written authorization: At any time, except when we have already relied upon it. To revoke a written authorization, please write to the Privacy Officer at our practice. You may also initiate the transfer of your records to another person by completing a written authorization form.

PATIENT RIGHTS

- **Right to Inspect and Copy Records:** You have the right to inspect and obtain a copy of your health information, including medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to the practice. We may charge a fee for the costs of copying, mailing or other supplies. If you would like an electronic copy of your health information, we will provide one to you as long as we can readily produce such information in the form requested. In some limited circumstances, we may deny the request. Under federal law, you may not inspect or copy the following records: Psychotherapy notes, Information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information related to medical research where you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.
- **Right to Amend Records:** If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment in writing. If we deny your request, we will provide a written notice that explains our reasons. You will have the right to have certain information related to your request included in your records.
- **Right to an Accounting of Disclosures:** You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Right to Receive Notification of a Breach:** You have the right to be notified within sixty (60) days of the discovery of a breach of your unsecured protected health information if there is more than a low probability the information has been compromised.

- **Right to Request Restrictions:** You have the right to request that we further restrict the way we use and disclose your health information to treat our condition, collect payment for that treatment, run our normal business operations or disclose information about you to family or friends involved in your care. Your request must state the specific restrictions requested and to whom you want the restriction to apply. Your physician is not required to agree to your request except if you request that the physician not disclose Protected Health Information to your health plan when you have paid in full out of pocket.
- **Right to Request Confidential Communications:** You have the right to request that we contact you about your medical matters in a more confidential way, such as calling you at work instead of at home. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.
- **Right to Have Someone Act on Your Behalf:** You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.
- **Right to Obtain a Copy of Notices:** If you are receiving this Notice electronically, you have the right to a paper copy of this Notice.
- **Right to File a Complaint:** If you believe your privacy rights have been violated by us, you may file a complaint with us by calling the office Privacy Officer. or with the Secretary of the Department of Health and Human Services. We will not withhold treatment or take action against you for filing a complaint.
- **Use and Disclosures Where Special Protections May Apply:** Some kinds of information, such as alcohol and substance abuse treatment, HIV-related, mental health, psychotherapy, and genetic information, are considered so sensitive that state or federal laws provide special protections for them. Therefore, some parts of this general Notice of Privacy Practices may not apply to these types of information. If you have questions or concerns about the ways these types of information may be used or disclosed, please speak with your health care provider.