



WELCOME TO OMNI DENTAL GROUP



We are dedicated to providing the best possible care and service to you and to helping you maximize your insurance benefits. We need your 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 Operations 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 as he/she deems fit while making a diagnosis.

TREATMENT PLAN

After your initial 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; otherwise, your routine cleaning will be scheduled at the next available appointment. Once your treatment is complete, we will monitor your general dental health at your Texas State Board required yearly examinations that will coincide with cleaning appointments whenever possible.

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 eight (8). An adult parent or guardian must accompany all minor patients (under 18 years of age) 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, Visa, MasterCard, Discover, and American Express. You may also qualify for interest-free loans available through a third party lender upon credit approval. See www.carecredit.com for more information on these loans.

A 1 ½% finance charge (18% annually) will be added to any balance over 60 days. In the event of default, you promise to pay legal interest on the indebtedness, together with such collection costs and reasonable attorney fees as may be required to effect collection of this debt.

I understand there is a \$50 FEE FOR ANY MISSED OR BROKEN APPOINTMENTS WITHOUT ONE BUSINESS DAY PRIOR NOTICE. I also understand that the cancellation of a scheduled appointment with the hygienist may result in having to miss a regular three, four or six month appointment.

All medical/dental records and X-rays are the property of this office. Any costs to transfer to another practitioner will incur a duplication fee (see Procedures and Fees...Records, Form 13-A-2005).

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 24 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.

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 insurance claims is a courtesy we extend our patients, all charges are your responsibility at the time of service.

Claims are filed for plans classified as "indemnity", "fileable", or "PPO". Those plans require you to pay the co-payment, deductibles and/or coinsurance at the time of service. We will file claims to all insurances for which we have an agreement. Patients with indemnity/fileable/PPO insurance are required to put a credit card on file. Please read and sign the "Easy Pay Consent" form if you have as "indemnity", "fileable", or "PPO" insurance.

A DMO or DHMO dental plan does not require that a claim be filed. DMO or DHMO dental plans have specific fee schedules that determine your cost of services and any co-payment fees.

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 with all the necessary information for you to file a claim. We do not provide the 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 coverage. The patient is responsible for the co-pay assigned by the primary insurance and must file their own secondary benefits.

In the event 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. 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 for an amalgam filling, not a composite filling. Omni Dental Group does not do amalgam fillings. 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.

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

_____ *I have read and understand the Patient Privacy Notice (HIPPA Notice) for the 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.*

_____ *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

Printed Name of Witness

Signature of Witness

Date

OMNI DENTAL GROUP **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 staff of Omni Dental Group values our relationship with you, and we take your personal privacy seriously. This privacy notice explains how we manage the personal and health information we have obtained from you and how that information has been or may be collected. It also explains that your personal and health 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 and your drivers' license and/or photo identification. This personal information may include your name, address, telephone number, 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 dependants.

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 first initial and last name on our sign in sheet, part of 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 that 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.

I have read and understand the above Privacy Notice for the Omni Dental Group.

Patient/Guardian _____ **Date** _____

PERSONAL HISTORY

PATIENT NAME _____ Date _____
Last, First, Middle Initial _____
Social Security # _____ Date of Birth _____
Driver's License #: _____ State: _____
 Male Female Minor (child) Single Married Widowed Divorced
If married, maiden name: _____ If divorced, previous name: _____
Home Phone _____ Work _____ Ext. _____
Cell Phone _____ Email _____
Address: _____

Street _____ Apartment # _____
City _____ State _____ Zip Code _____

How long at this address? _____

Former Address: _____
Street _____ Apartment # _____

City _____ State _____ Zip Code _____
How long at that address? _____

FINANCIALLY RESPONSIBLE PERSON: Patient (use information above) Parent Guardian

Male Female Minor (child) Single Married Widowed Divorced
If married, maiden name: _____ If divorced, previous name: _____

Social Security # _____ Date of Birth _____

Driver's License #: _____ State: _____

Home Phone _____ Work _____ Ext. _____

Cell Phone _____ Email _____

Address: _____
Street _____ Apartment # _____

City _____ State _____ Zip Code _____

How long at this address? _____

Former Address: _____
Street _____ Apartment # _____

City _____ State _____ Zip Code _____
How long at that address? _____

EMPLOYMENT INFORMATION The following is for: patient financially responsible person

Employer Name: _____ Occupation: _____

Address: _____
Street _____ City _____ State _____ Zip Code _____

How long employed at the above employer? _____

EMERGENCY CONTACT

Spouse or Parent's Name (if minor patient): _____ Work/Day phone: _____ Ext: _____

EMERGENCY CONTACT: _____ Relationship: _____
NAME (spouse, relative, friend...)

Home Phone _____ Work _____ Ext. _____

Cell Phone _____ Email _____

REFERRAL INFORMATION

Whom may we thank for referring you to our practice? Another patient, friend Another patient, relative
 Dental Office Yellow Pages Newspaper School Work Other _____

Name of person or office referring you to our practice: _____

DENTAL AND MEDICAL HISTORY

PATIENT NAME: _____

Date of Last Dental Visit: _____ Name of Previous Dentist: _____

Date of Last Medical Examination: _____ Physician: _____ Phone: _____

Reason for this visit: _____

Have you ever had or been treated for any of the following? Please check those that apply:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Artificial Joints (PR/MCR) | <input type="checkbox"/> Cancer | <input type="checkbox"/> Jaundice or Hepatitis | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Blood Disease (PR) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Disorders | <input type="checkbox"/> Codeine Allergy |
| <input type="checkbox"/> Heart Attack (PR) | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Nervous Disorders | <input type="checkbox"/> Penicillin Allergy |
| <input type="checkbox"/> Heart Disease (PR) | <input type="checkbox"/> Drug/Alcohol Dependency | <input type="checkbox"/> Pregnancy (MCR) | OTHER: |
| <input type="checkbox"/> Heart Murmur (PR/MCR) | <input type="checkbox"/> Epilepsy (MCR) | Due date: _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Kidney Disease (PR/MCR) | <input type="checkbox"/> Excessive Bleeding (MCR) | <input type="checkbox"/> Radiation Treatment (MCR) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Liver Disease (PR/MCR) | <input type="checkbox"/> Fainting | <input type="checkbox"/> Respiratory Problems | |
| <input type="checkbox"/> Pacemaker (PR) | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Rheumatic Fever (PR) | |
| <input type="checkbox"/> Allergies _____ | <input type="checkbox"/> Growths | <input type="checkbox"/> Rheumatism | |
| | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Sinus Problems | |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Head Injuries | <input type="checkbox"/> Stomach Problems | |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hepatitis (MRC) | <input type="checkbox"/> Stroke (PR/MCR) | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Tuberculosis (MRC) | |
| <input type="checkbox"/> Bruise easily/Blood disorder | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Tumors | |
| | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Ulcers | |

MAY BE REQUIRED:
PREMEDICATION (PR):
MED CLEARANCE (MCR)

- Are you worried about receiving dental treatment or excessively nervous? Yes No _____
- Do you have difficulty chewing your food or opening your mouth wide? Yes No _____
- Do you have sensitive teeth, bleeding gums, or sore gums? Yes No _____
- Do you have canker sores, cold sores, or a sore mouth? Yes No _____
- Do you ever have sores in the mouth or on the lips that are slow to heal? Yes No _____
- Have you ever had any injury to your face or jaws? Yes No _____
- Are you being treated by a physician for any condition at the present time? Yes No _____

If yes, please explain: _____

Name of Physician: _____ Phone: _____

- Are you taking any prescription or non-prescription medicines (ANY form of pills, tablets, or syrups) in the past six months Yes No _____

- Have you been admitted to a hospital or needed emergency care during the past two years? Yes No

If yes, please explain: _____

- Have you ever had a blood transfusion or general anesthetic? Yes No _____

- Have you ever been treated for a tumor or cancer by x-ray, chemotherapy, or surgery? Yes No _____

- Have you ever experienced an unusual reaction to any of the following drugs?

Aspirin	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Penicillin	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Barbiturates	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Sulfonamides	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Dental Anesthetic	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Other (specify): _____				

- Are you frequently ill or often exhausted or fatigued? Yes No _____
- Do you have asthma, hay fever, hives, skin rash, or allergies? Yes No _____
- Do you bleed for a long time when cut? Yes No _____
- Do you have headaches, eye trouble, or ear trouble? Yes No _____
- Do you ever have chest pain, shortness of breath, or swelling of the ankles? Yes No _____
- Do you have a chronic cough or do you ever cough up blood? Yes No _____
- Do you urinate frequently or drink large amounts of liquids? Yes No _____
- Have you ever had painful swollen joints or numb or prickling skin? Yes No _____
- Do you ever have fits or convulsions, or a tendency to faint? Yes No _____
- Have you ever had any complications following dental treatment? Yes No _____

If yes, please explain: _____

- Do you have any health problems that need further clarification? Yes No If yes, please explain below: _____

To the best of my knowledge, all of the preceding answers and information provided are true and correct. If I ever have any change in my health, I will inform the doctors at the next appointment without fail.

Signature of patient, parent or guardian	Date	Doctor's signature	Date
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UNDERSTANDING YOUR DENTAL INSURANCE

Omni Dental Group knows that dental insurance is complicated. Some plans pay part of your costs; some only negotiate a discount. Most patients only want to know how much dental care will cost and what portion they have to pay.

Omni Dental's business is to provide you the best dental care possible. Our dentists are here to do dentistry. They are not in the insurance business. However, they accept the risk of taking your insurance as a courtesy to help you. Omni Dental Group cannot be responsible for benefits limitations, gaps in coverage, nonpayment by the insurance company or other matters which result in cost to you. Those details are entirely between you and your insurance company. Your dental insurance policy is a contract between you and the insurance company; therefore, you are responsible for the benefits, limits, and omissions of that insurance contract.

THE DIFFERENCE BETWEEN MEDICAL & DENTAL INSURANCE

Many people believe medical and dental insurance are similar, but, in fact, they are nearly opposite. Simply put, medical insurance covers procedures for the whole body and the benefit amounts can be in the millions of dollars. Dental insurance only covers the oral cavity. Dental insurance benefits generally do not exceed \$3,000 per year.

Your dental insurance is like a "coupon" you receive as part of the contract between your insurance and yourself (if self-insured) or your employer. Your "coupon" may be for a PPO plan which provides for your insurance company to pay a portion of your charges, or a managed care plan which negotiates reduced fees with the dentist and does not pay any portion of your charges. [see "*What is the Difference between a PPO and a Managed Care Plan?*"]

There may be conditions in which your "coupon" only pays for certain services. This is a condition applied by the insurance company, not your dentist. When your "coupon" does not pay for a service, the fee will be your responsibility.

- Coverage, maximum benefits, deductibles, co-pays, and benefit limitations are determined by each insurance company and filed with the Department of Insurance, NOT your dentist.
- Your dentist has no control or influence on how much dental insurance pays or what procedures are covered.
- No dental insurance guarantees payment. Having insurance does not mean the insurance will pay.

Patients often ask 'why doesn't my dental insurance cover this like my medical insurance does?'

Most medical procedures are paid by the insurance, but most dental procedures are paid by the patient. This is due mostly to the benefit maximums. Medical insurance may provide for millions of dollars in benefits. PPO dental insurance only provides a few thousand dollars (possibly less), and any charges over the maximum are paid by the patient. Patients on managed dental plans pay all fees out-of-pocket because managed care insurance provides the buying power of the insurance company to get negotiated fees. Without a managed care plan you would pay closer to three times the negotiated fees.

WHAT IS THE DIFFERENCE BETWEEN A PPO AND A MANAGED CARE PLAN?

A PPO, annuity, or indemnity insurance (also known as feeable, bundled plans) pays a percentage of your dental costs. You will pay deductibles, co-pays, and costs of procedures not covered by your plan. You will also pay for costs over your maximum benefits at the usual and customary fees.

DHMO, DMO, discount dental plans, also known as managed care plans, do not file claims. When you pay your premium for these plans, you are paying for access to fees negotiated on your behalf by the insurance company. Without these plans you would pay the usual and customary fees of the dentist; fees that are easily two to three times the discounted fees. Managed care plans are also considered unbundled plans, that means your dentist will charge for all procedures associated with a procedure.

For example, when you have a PPO plan and need a crown, a crown and buildup will be charged. You pay your copay and the insurance pays their portion. With a managed care plan, you will be charged for the crown, buildup, and associated procedures such as an antimicrobial agent and/or a temporary crown. On the managed care plan, you pay the charges entirely out-of-pocket. In either case, the total fee for the crown will be approximately equal on a PPO or a managed care plan.

NOTE: The fees you are provided in member booklets or on an insurance company website are the fees for the services of a GENERAL DENTIST. Fees for a SPECIALIST will be considerably different from. (See also "*What is the Difference Between Seeing a General Dentist and a Specialist?*")

COMMON PROCEDURES THAT ARE NOT COVERED BY INSURANCE

There are procedures that are not covered by insurance but are frequently needed by a patient:

- Inlay or onlays
- Occlusal guards [also known as night guards]
- Implants
- Procedures done for cosmetic reasons (for example, veneers)
- Bleaching

YOUR DENTIST WILL NOT TREATMENT PLAN BASED ON WHAT THE INSURANCE WILL OR WILL NOT PAY.

ALTERNATE BENEFIT AND OTHER CLAUSES

Alternate Benefit and other clauses cause gaps in your coverage or non-payment by the insurance. For example, a clause in your plan says your insurance will only pay the cost of an amalgam filling, not the higher composite filling. You will pay the cost difference between the composite filling and the amalgam filling.

WHAT IS THE DIFFERENCE BETWEEN SEEING A GENERAL DENTIST AND A SPECIALIST?

A General Dentist is licensed to do all aspects of dentistry. A Specialist has received specialized training after graduating as a General Dentist. Some examples of a Specialist are:

- ENDODONTIST – (from Latin for “inside teeth”) specializes in root canal therapy. A root canal is indicated when the nerve has been exposed due to decay, trauma, or other factors. The Endodontist removes the nerve(s).
- PERIODONTIST -- (from Latin “surrounding teeth”) specializes in gum related treatments including specialized hygiene treatments, gum surgeries, and implants.
- ORAL SURGEON –specializes in surgeries on teeth and jaws. Most frequently, they extract wisdom teeth, teeth for orthodontic reasons, and teeth in preparation for a bridge, implant, or other dental procedure.

There are usually two separate costs when seeing a Specialist: (1) consultation and (2) treatment. Additionally, the fees for a specialist may be higher than those of a General Dentist.

WHAT HAPPENS IF MY INSURANCE BENEFITS CANNOT BE VERIFIED?

Utmost effort will be made to notify you of any such circumstances prior to your appointment.

If you have a fileable insurance and it cannot be verified prior to your appointment, you will be responsible for all charges of the appointment. You will be given a receipt for reimbursement from your carrier.

If it is a managed care plan, you should contact your insurance company Customer Service to ensure they have all the correct information and the company can assign you to the dentist's office.

WHAT HAPPENS IF OMNI DENTAL GROUP DOESN'T ACCEPT MY INSURANCE?

If we do not have an agreement with a fileable insurance company, you will pay for your dental treatment at the time of service. We will provide you with a receipt with all the necessary information for you to file a claim. We do not provide the claim forms. Your insurance company should send the benefit payment directly to you.

If it is a managed care plan, you should contact your insurance company Customer Service for an in-network provider.

WHAT HAPPENS WHEN THERE IS A BALANCE AFTER MY INSURANCE PAYS?

- You will be responsible to pay any balances after your insurance pays. You will be notified by statement.
- Balances cannot and will not be written off the account.
- Finance charges will be added to outstanding balances over 30 days.
- Unpaid balances over 90 days will be sent to collections.
- Cost of collections will be added to accounts sent to collections.

I have read this information and been given the opportunity to ask questions.

Any questions have been answered and I understand the nature of my insurance.

Signed _____
Patient or Legal Representative

Signed: _____
Witness to Signature

Date: _____

Time: _____

