

## BRUSH DENTAL

Monitoring Program. All other prescriptions will be sent electronically unless there is an issue and a paper prescription will be given. If you lose your prescription it will not be replaced.

### Patient Financial Rights and Responsibilities

- Brush Dental is committed to providing the best treatment for our patients and our fees for these services are consistent with fees in the area. Brush Dental participates with many insurances, including Health First Colorado Medicaid, CHP+, private insurance or other insurance programs. Brush Dental will submit claims to these insurances and any payments by them will be made directly to Brush Dental. You will be responsible for payment of all fees or account balances after any payments and adjustments have been made by insurances. It is your responsibility to know and understand your dental insurance before coming in for treatment. If you do not understand your dental insurance, please contact our office so we may go over your dental insurance with you. You may also call your dental insurance provider, the number is located on the back of the insurance card, you simply need to provide the representative with your subscriber/member ID, subscriber/patient date of birth and all other information that the insurance company may need.
- **Collection of Fees and Account Balances:**  
Brush Dental will make reasonable efforts to collect amounts owed from patients, for example:
  - ✓ We DO NOT take payments! Self-pay & In-House Plan patients' fees are DUE ON THE DATE OF SERVICE.
  - ✓ Brush Dental accepts Cash, Check (Returned check fee is \$35), Care Credit, and all major credit cards.
  - ✓ WE MAY NOT BE IN NETWORK WITH YOUR INSURANCE COMPANY, IE HUMANA, AETNA, PRINCIPAL (TO NAME A FEW), it is your responsibility to know!
  - ✓ You will be asked to make a payment for your portion of fees before services are delivered.
  - ✓ If you are unprepared to make a payment at the time of services, your appointment may be rescheduled if your provider determines you are not in urgent need of care.
  - ✓ You will be billed for unpaid balances, we will send you 3 statements within 3 months and if you refuse to pay on your account it will be sent to Wakefield & Associates for collections. The amount due will be doubled plus 18% interest on the total amount due. This covers Wakefield & Associates fees we are having to pay to collect the amount due.
  - ✓ For patients who it considers have "refused to pay", Brush Dental will dismiss you from the practice until the total amount due is paid in full.
  - ✓ If we receive returned mail as undelivered, we will place your account with a collection agency if you have a balance due. Please keep your address and phone number up to date.
- **If you are paid by the insurance company instead of Brush Dental Inc.,** you are responsible for the total account balance and payment would be expected immediately. You as a patient are always responsible for any charges that are not covered by your insurance.

I understand that if my insurance company does not pay my claim in a reasonable amount of time (90 days), then I will become responsible for the entire amount of the bill. If the payment is not received in a reasonable amount of time from the guarantor, you will be responsible for the complete balance due.

## BRUSH DENTAL

### HEALTH FIRST COLORADO MEDICAID & CHP PROGRAMS

#### MEDICAID/CHP - PATIENTS ONLY

- Brush Dental must contact Health First Colorado when you break an appointment without notification to our office. Brush Dental is required to remind you of your appointment 48 hours prior to your appointment.
- I understand that some procedures need to be pre-authorized by Medicaid/CHP. There is also a limited amount of time to use my pre-authorization, pre-authorizations cannot be transferred to another dental facility. I must contact Brush Dental if I would like my pre-authorization to be canceled so the dental work may be done at another facility.
- I understand that not all services are covered, and I must pay for Nitrous Oxide \$40.00 if I am 21 or over. Participating Providers may bill a member for Non-Covered Services. A non-covered service is:
  - Any procedure code that is not listed as a covered benefit in the MC Handbook Or
  - Any procedure code listed as a covered benefit in the MC Handbook that has been denied by DentaQuest through a prior authorization request (PAR) or a claim. Or
  - Services rendered beyond the frequency limits listed in the MC Handbook. Or
  - Services rendered beyond an adult members \$1500 annual maximum (at the contracted Medicaid fee).
- I understand that I may have a co-pay for dental services with CHP+ program (\$5-\$20 per tooth). If I cannot pay my co-pay I must reschedule my appointment. CHP+ does not cover Nitrous Oxide for any patients us due the day of service. Participating Providers may bill a member for Non-Covered Services. A non-covered service is:
  - Any procedure code that is not listed as a covered benefit in the CHP+ Handbook Or
  - Any procedure code listed as a covered benefit in the CHP+ Handbook that has been denied by DentaQuest through a prior authorization request (PAR) or a claim. Or
  - Services rendered beyond the frequency limits listed in the CHP+ Handbook. Or
  - Services rendered beyond an adult members \$1000 annual maximum (at the contracted CHP+ fee).
- **If I am covered by MEDICAID/CHP+ (DentaQuest),** I authorize the release of health care information to the Social Security Administration or its intermediaries or carriers for payment of a Medicaid/CHP+ claim or to the appropriate State agency for payment of a Medicaid/CHP+ claim. I certify the information given by me in applying for payment under Title XVII of the Social Security Act is correct. I request that payment of assignment benefits be made on my behalf.
- DentaQuest operates a customer service center to specifically answer Health First Colorado members' dental questions. DentaQuest's Member Services is available Monday through Friday between 7:30 a.m. and 5:00 p.m. Mountain Time at: 1-855-225-1729, TTY: 711, or at DentaQuest.com.
- For more information about the CHP+ Dental Care Program contact DentaQuest. Call 1-888-307-6561, TTY: 711 or email through the Member Access Portal at [memberaccess.dentaquest.com](mailto:memberaccess.dentaquest.com)

## **BRUSH DENTAL**

### **MISSED & LATE APPOINTMENT POLICY**

- Brush Dental expects that patients will make every effort to attend scheduled appointments. Due to the over-whelming demand for our services, missing appointments reduces our ability to serve other patients in our community and may increase the waiting time for appointments.
- Patients may be subject to a Missed Appointment/Late Appointment Fee of \$40
- Appointments are considered to be missed or late when patients:
  - ✓ Do not attend their scheduled appointment
  - ✓ Do not cancel their appointment by 4pm the day prior
  - ✓ Are more than 10 minutes late for their scheduled appointment
- To cancel appointments, patients may call the office to cancel by phone or via text messages responding to the appointment confirmations.
- Patients with three (3) missed or late dental appointments within a six (6) month period will no longer be eligible to receive routine dental treatment (cleanings, exams, etc.) at Brush Dental, you will be dismissed from the practice. In this event you will have 30 days to be seen as a courtesy for EMERGENCY EXAMS only. Your new dentist can contact us to have your records transferred to their facility.

### **Authorization for Release of Information to Family Members**

- Many of our patients allow family members such as their spouse, parents, or others to call and request dental or billing information. Under the requirements of HIPAA, we are not allowed to give this information to anyone without the patient's consent. If you wish to have your dental or billing information released to family members you must sign this form. Signing this form will only give information to family members indicated below. I authorize Brush Dental to release my medical and/or billing information to the individual(s) noted above.

### **Phone, Email & Text Communications & Authorization**

- Occasionally it is necessary for the staff of Brush Dental to leave messages for patients. The purpose of these messages is to notify the patient that we would like to discuss treatment needs, billing purposes or to ask a patient to call back regarding an issue or concern. If at any time I provide an email address or cell/ telephone number at which I may be contacted, I consent to receive phone call, text message or email, including but not restricted to communications regarding billing and payment of items and services, unless I notify BRUSH DENTAL to the contrary in writing. In this section, phone calls and text messages include but are not restricted to prerecorded messages, artificial voice messages, automatic telephone dialing devices or other computer assisted technology, or by electronic mail, text messaging, or by any other form of electronic communication from BRUSH DENTAL, its affiliates, contractors, servicers, dental providers, attorneys, or agents, including collection agencies. BRUSH DENTAL may contact me via email and/or text messaging to remind me of appointment, to obtain feedback on my experience with the practice's dental care team, and to provide general health reminders/information. I understand I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed. I understand that information disclosed to any above authorized recipient or voicemail or email is no longer protected by federal or state law and may be subject to re-disclosure by the above recipient or someone who has access to your voicemail or email. You have the right to revoke this consent in writing.