

Brush Dental Important Information

- **Scheduling Appointments:** Call 970-842-0220 and listen to the prompts or simply text the number and someone will be with you shortly. If you need to schedule for a Hygiene appointment (cleanings) they are usually scheduled out about 2-3 weeks. If you are in pain, please call us right away, we do have appointments available daily however they fill up quickly, we can usually get you in within 24 hours. For all other dental appointments simply let us know what you are needing to schedule for.
- **Inclement Weather:** Our dentist and employees travel to the area daily and from time to time when the weather is bad, we must cancel and reschedule the days appointments to accommodate for the dentist and staff's safety. Please know and understand that the weather is not under our control and for the safety of the everyone involved, including the patient, we must adjust the schedule as such.
- **Hours:** Our hours are Monday 8-5 Tuesday 8-5 Wednesday by appt only Thursday 8-5 and every other Friday by appointment only. From time to time, we must close or leave early for staff continuing education. Please keep in mind you can still leave a detailed message on our voicemail and an associate will be with you the next business day. If there is a change in the schedule call the office for details, check out our Google business page or our Facebook page for announcements. We are closed most major holidays and from time to time the Friday or Monday prior.
- **Emergencies:** First Call 911 or go to your closest emergency room. To connect with the dentist after you have been established as a patient, please call the office, and listen to the prompts to connect or leave a message for the dentist, he will return your phone call.
- **Your Personal Health:** For every appointment since the Covid-19 (Corona Virus) outbreak we are taking temperatures and blood pressure. If you have a temperature of 100 degrees or higher you must reschedule your appointment. If you are vomiting or have had diarrhea in the last 24 hours you must reschedule your appointment.
- **Dental Records:** You may request a copy of your dental records for \$35 by calling the office and verifying your identity with correct address for the file to be sent to. They will be available to you in 24-48 hours. If you need them transferred to another office, please sign the consent form that is available on our website, simply fill it out and drop it by the office or email the document and we can get your file transferred electronically for free of charge. You may also come by the office and fill out the form.
- **Patient Rights and Responsibilities:** Brush Dental does not discriminate against any person based on race, ethnicity, color, sexual orientation, national origin, disability, sex, religious preference, marital status, political beliefs, age or insurance status, in admission, treatment or participation in its programs, services and activities or in employment.
 - ✓ **As a Brush Dental patient, you have the RIGHT to:** • Be treated with respect, consideration, and dignity. • Obtain confidential services as noted in Brush Dental Notice of Privacy Practices. • Be provided with information concerning your dental diagnosis, evaluation, and treatment. Be informed and participate in making decisions about your dental care. • Refuse any procedure or treatment.
 - ✓ **As a Brush Dental patient, you have the RESPONSIBILITY to:** • Follow instructions of Brush Dental and participate in your care. • Provide complete and accurate information to the best of your ability about your health, any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities. • Bring a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by the provider. • Accept personal responsibility for any charges not covered by health insurance (please understand that payment for services provided to you and your family are part of your patient responsibilities). • Be considerate and

respectful of the Brush Dental team as well as other visitors and patients. • Do your best to be on time and keep scheduled appointments or if you cannot; text/call to reschedule by 4pm the prior day, If you are more than 10 minutes late you must reschedule your appointment. If it is the weekend, please leave a voicemail the Sunday prior and we will call you to reschedule.

Consent for Dental Treatment

- I have given consent to Brush Dental for dental services to me and any dependents I have listed on the patient registration form. I understand that this authorization applies to all dental conditions. I recognize that no guarantees have been made to me because of treatment through Brush Dental.
- I am aware that the practice of dentistry is not an exact science and I acknowledge that no guarantees have been made to me because of treatments and examination. I have the right to not have any photos taken of me unless I agree to this, except as needed to treat me. I intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended. This consent will remain in full force until revoked in writing.
- The services authorized by this consent include those provided under Brush Dental by, but not limited to dental assistants, dental hygienists, and the dentist. I also consent to treatment by dental staff in training, which are under the supervision of a responsible dental professional employed by Brush Dental. I understand that I may be seen by a dental assistant in training, dentist resident/fellow, or a hygienist in training who is at all times supervised by either a licensed provider or by their preceptor for their specific discipline. All decisions about treatment are made by a licensed provider.
- All children under the age of 18 must be accompanied by a parent or a legal guardian when visiting Brush Dental for the first time and once per year thereafter.** We understand that parents or legal guardians may not always be available to bring their children in and may wish to authorize a child to attend a visit alone or with another adult. Brush Dental allows children aged 13 and older to attend visits alone. The parent or legal guardian may authorize this in advance of the visit by completing an authorization form.
- Adults who are not able to make their own health care decisions and have a guardian or Power of Attorney (POA), may have their guardian/POA sign con-sent for treatment for them. Brush Dental recommends that adults who are not able to make their own health care decisions be always accompanied by their guardian/POA while at the clinic.

If you are bringing in a patient from a nursing home, please understand the following:

- ✓ *We would like it faxed back to our office 24 hours prior to the scheduled appointment.
- ✓ *If your resident needs assistance, please have a CNA accompany him/her to the appointment as our staff is not trained nor responsible for them when they arrive at Brush Dental, especially if they need transported from wheelchair to dental chair or restroom.
 - ✓ *We kindly ask that all patients with incontinence or bowel issues come in clean.
 - ✓ *If pre-meds are needed, please administer 1 hour prior to appointment time, if this is not administered your appointment may be rescheduled.
- During one of your visits, a dental provider may recommend local and/or topical anesthesia to numb an area, so nerves do not cause pain. Though risks are small, possible side effects for giving local and/or topical anesthesia may include but are not limited to allergic reaction, longer period of numbness, nerve injury, swelling or bleeding at spot where anesthesia was given, infection, nausea, vomiting and rapid or irregular heartbeat. If you refuse anesthesia, your provider has the right to either refuse treatment or refer treatment out.
- If you receive a prescription for a controlled substance (narcotic drug) from our office and fill that prescription at a pharmacy in Colorado, certain identifying prescription information, including your

name, will be entered into a secure database maintained by Colorado's Prescription Drug 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.
 - ✓ PLEASE BE AWARE ☐ WE MAY NOT BE IN NETWORK WITH YOUR INSURANCE COMPANY, IE HUMANA, AETNA, PRINCIPAL, RELIANCE, METLIFE, BEAM, GUARDIAN, UNITED HEALTH, UNITED CONCORDIA (TO NAME A FEW), it is **your** responsibility to know! Please call your dental insurance and they can check if HAL WHITNEY is a contracted provider. After you pay your deductible and co-pay's you will be billed the remainder that your dental insurance does not cover, this can be up to 50% more out of pocket.
 - ✓ ***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 plus 18% interest for each month unpaid if you refuse to pay on your account.**
 - ☐ **Unpaid accounts will be sent to Wakefield & Associates for collections 30 days after your last statement was sent to you.**
 - ☐ **There will also be a collections fee of 40% added to the amount due to cover collections costs and fees by Wakefield & Associates.**
 - ☐ **Once sent to collections we are no longer able to accept any payments from you, you must call Wakefield & Associates (970) 867-8521 to set up your payment plan.**
 - ✓ For patients who it considers have "refused to pay" or have been sent to collections
 - ☐ 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.

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 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.

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

