

McManigal Family Dentistry  
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www.mcmanigaldental.com

## **POLICY LETTER**

### **INFORMED CONSENT TO TREAT**

You are asked to voluntarily sign the electronic version of this letter allowing the staff at McManigal Family Dentistry to perform dental procedures on you that are within the scope of their respective professional licenses. The procedures and alternative treatment options have been fully explained to me and all my questions have been answered. I understand I can decline any treatment at any time. I hereby authorize any of the doctors or dental auxiliaries of McManigal Family Dentistry to proceed with and perform the dental restorations and treatments as explained to me.

### **STAFF COURTESY**

The team at McManigal Family Dentistry is strongly dedicated to ensuring each and every patient feels respected, appreciated, and is treated in a courteous, civil manner. In return, we expect that same behavior from our patients. At no time, will our staff be expected to put up with shouting, profanity, violence, or poor, disrespecting, behavior from our patients. We reserve the right to dismiss patients, ask them to leave the premises, or to even call law enforcement in extreme situations.

### **HIPAA NOTICE OF PRIVACY**

We take our legal obligation of keeping your personal information **strictly** private, very seriously. There are instances when we must provide some personal information to third parties.

#### **Examples of personal information use with your consent:**

- Contacting pharmacies to prescribe medications.
- Referrals to another doctor's office.
- Sending in insurance claims to your insurance provider
- Collecting unpaid amounts (through a collection agency or attorney).
- Appointment reminders.

#### **Examples of personal information use by law without your consent:**

- State or federal law mandates certain health information be reported.
- Public health purposes such as contagious disease surveillance.
- Victims of suspected abuse, neglect, or domestic violence reporting.
- Audits by Medicare or Medicaid for possible violations of health care laws.
- Judicial proceedings, such as in response to subpoenas.
- Medical examiner to identify a dead person or determining cause of death.

**If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights.**

### **FINANCIAL POLICY**

We want to make certain that our financial policies are clear and understood by you. If you have insurance, we will make a good faith **estimate** of your benefits. In many cases, there are co-pays associated with dental insurance and those estimated co-pays are due at the time of service. We will file the appropriate claim forms and insurance preauthorization forms with your insurance company if you provide us with all the correct information. If we have the correct plan information, we will have a co-pay estimate available to you before the service is performed. We will also assist you in understanding your dental plan benefits. Remember that your coverage is a contract between you and your insurer and/or your employer and your insurer. Although we will make every effort to help you obtain your benefits, we cannot guarantee your insurance company will help you pay for the dental service. We will provide a 5% discount on fees for patients who do not have dental insurance. We offer 2% discount on cash payments. Not valid with other offers or for in-office goods.

### **INSURANCE BENEFITS**

We will assist you in maximizing your benefits to limit out-of-pocket monetary obligations as best as we can. We provide care for patients from many different companies. Each company pays an insurance premium for specific coverage that fits the company budget. Each plan is slightly different in its covered services, so we encourage you to become familiar with your policy exclusions, deductibles, and required co-payments.

### **OUR COURTESY SERVICE TO YOU INCLUDES:**

- Filing your insurance within 24 hours of your visit and requesting payment of your benefit to our office.
- Researching your dental insurance plan to advise you of benefits available to you.
- Following the American Dental Association guidelines for coding procedures and filing insurance.

### **OUR EXPECTATIONS OF YOU AS THE POLICY OWNER:**

- Pay co-pays and fees not covered by your insurance plan at the time the service is rendered.
- Understand that the insurance policy belongs to you, and we have no leverage to obtain payment from your insurance carrier.
- Dental insurance policies restrict payment for some services, use restricted fee schedules (called Usual and Customary Rates), and excludes some procedures based on the premium paid for insurance, not our fees or recommended treatment.
- Render payment if the insurance company does not pay our office within 30 days of treatment.
- Keep our office informed of any changes in your insurance coverage or employment.

- Understand your responsibility is not modified by whether any third party (insurance) pays for all, part, or none of the charges.
- If the balance on your account is not paid within 30 days of the first statement, your account will become delinquent and will incur a 1.3% monthly or 16% yearly finance charge or be forwarded to a third-party collection agency. If this becomes necessary, additional fees may be added to cover forwarding charges.

### **INSUFFICIENT FUNDS FEE**

If a personal check is returned for "Nonsufficient Funds", the amount of the check, any bank fees, and a \$30 administration fee will be added to the patient account. The financially responsible person will be notified by our office of the situation and payment will become immediately due.

### **TRANSFER OF DENTAL RECORDS**

When transferring to another dental provider, McManigal Family Dentistry can provide the new office with your records; however, a \$20 administration fee will be applied to your account for each office request. This does not apply to providers McManigal Family Dentistry uses to refer for adjunctive or specialty procedures.

### **APPOINTMENT CANCELLATIONS**

We will call the telephone number in your chart to remind you of your appointment 48 hours in advance. We ask that you return the call and leave a message confirming, cancelling, or requesting a rescheduled appointment time.

If we cannot satisfactorily reach you to confirm your appointment, we reserve the right to assign your appointment time to another patient.

We strive to see our patients on time and respect their time. Late cancellations (less than 48 hours notice) failed appointments, and late arrivals are disruptive to everyone.

**There will be a \$50 charge for missed appointments.**

A late cancellation, failed appointment, or late arrival for a third time can be grounds for patient dismissal and the patient will be asked to seek dental treatment elsewhere keeping in mind our \$20 administrative record transfer fee. So, choose your appointment times wisely and please call and leave a message to confirm your appointment.

### **QUALITY**

Quality is very important to the staff at McManigal Family Dentistry and, although, dentistry is not an exact science, we still want our patients to be pleased with the services they receive at our office. Our dentistry has warranty periods as long as the restoration is free of intentional damage by the patient, the patient follows our instructions on how to take care of the restoration, and the patient completes periodic examinations with McManigal Family Dentistry every 6 months or as advised by the dentist. Composite and silver amalgam restorations will be replaced as no-fee charges

within one year of placement if the restoration is free of intentional damage by the patient, the patient follows our instructions on how to take care of the restoration, and the patient completes periodic examinations with McManigal Family Dentistry every 6 months or as advised by the dentist. Dr. McManigal has the final decision as to what will or will not be covered by this warranty. Most dentures delivered immediately after extraction of teeth will be relined as the patient's mouth changes. Sometimes, the mouth changes so much that the denture needs to be remade. If that's the case, then the patient is responsible for the new denture fee. Although every precaution will be taken to prevent iatrogenic injury to gums, tongue, cheeks, teeth, and other soft tissues during dental procedures, it does occasionally happen. Just because an injury occurs, does not necessarily mean money will be taken off your account.

### **DENTURES**

Dentures are not all the same especially complete dentures. We will do our best to ensure all measurements are taken to make a custom denture that fits well, is of high quality, and is esthetically pleasing. In our complete denture fabrication process, we will have a "try in" appointment with the denture teeth set in wax. If you approve of the feel and esthetics of the denture, we will send it to the laboratory for final processing and to prepare it for delivery. If there's a problem, then let us know and we can correct it before it's processed. We will have staff members present to assess the esthetics and to listen to the conversation. After the denture is processed, if there is something you don't like about it that you approved in the denture "try in" appointment, then additional laboratory fees may apply to correct the issue and no refunds will be issued for the final product.

### **PHOTOGRAPHY**

McManigal Family Dentistry sometimes uses images of patient's teeth as before and after pictures in advertisements. The intent is to show people the quality work that we strive to achieve. We will not release a photo that has an image of the patient's face or other identifying image without first obtaining the patient's written consent.

### **PROCEDURE CANCELLATIONS**

If you decide on a treatment plan involving laboratory work and decide to stop in the middle of the process after it's been started, then you will be financially liable for the incurred laboratory fees.