

# Gentle Dental Care

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## OFFICE POLICIES

IN ORDER TO PROVIDE TIMELY AND EFFICIENT PATIENT CARE, AND KEEP OUR FEES AS LOW AS POSSIBLE, WE EMPLOY THE FOLLOWING GUIDELINES:

### "NO SHOWS"

Missed appointments without prior notification are considered "No Show" appointments. In the event of the first No Show, you will receive notification of our No Show Policy. If you fail to show for another appointment you will be charged a \$75 fee and will be required to pay a reservation fee in order to schedule another appointment. If you fail to show for a third appointment you will be dismissed from the practice. Cancellations of appointments with less than 24 hours notice are considered "No Shows". We are aware that from time to time unforeseen circumstances may necessitate the cancellation of an appointment; however, a pattern of repetitive scheduling followed by cancellation will be treated as "No Shows". Confirmation calls are made 48 hours prior to appointments. If you do not call back to confirm the appointment, the appointment may be removed.

### "LATE ARRIVALS"

Late arrival for an already scheduled appointment leads to inadequate time to accommodate the remaining patients on the schedule. As such, later arrivals of greater than 10 minutes may not be able to be seen depending on the time available. In addition, those patients who are on the schedule and here at the assigned time will be seen first. We will try to accommodate late appointments IF time permits.

### "BILLING"

If you have dental insurance your ESTIMATED portion is due at time of service. If there is a balance on your account after insurance has paid it is your responsibility. If you do not have insurance payment in full is due at time of service.

### CONSENT TO TREAT

I also authorize the dental staff to perform the necessary dental services that are needed for myself and/or for my dependent child.

## Financial Arrangements

As a condition of your treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from patients for the costs incurred in their care. Financial responsibility on the part of each patient will be determined before treatment.

All emergency dental services and any dental services performed without previous financial arrangements must be paid at the time services are rendered.

Patients who carry dental insurance understand that all dental services are charged directly to the patient and that he or she is personally responsible for payment of all dental services. This office will help prepare and file the patient's insurance forms and assist in making collections from insurance companies, and will credit any collections from insurance to the patient's account. This dental office cannot render services on the assumption that the resulting charges will be covered by insurance.

A service charge of 1.5 % per month (18% per annum) on the unpaid balance will be charged on all accounts with a balance exceeding 60 days, unless previously written financial arrangements are agreed upon.

I understand that the fee estimates for dental care can only be extended for a period of six months from the date of consultation.

In consideration for the professional services rendered to me by this practice, I agree to pay the charges for the services at the time of treatment. I further agree that the charges for services shall be as billed unless objected to, by me, in writing, within the time payment is due. I further agree that a waiver of any breach of any time or condition hereunder shall not constitute a waiver of any further term or condition and I further agree to pay all costs and reasonable attorney fees if suit be instituted hereunder.

I grant my permission to you or your assignee, to telephone me to discuss matters related to this form.

\*I have been given copies of the Privacy Practices of Gentle Dental Care and my patient rights. I also was given copies of Gentle Dental Care's policy on "Patient No-Show" and confirmation procedures. Once you have signed this agreement, you agree to all the terms and conditions contained herein and the agreement will be in full force and effect.

Relationship to Patient:

## Financial Arrangements Continued

### RETURNED CHECKS

There will be a fee of \$35.00 for any checks returned by the bank and \$10.00/week charged to your account for any EFT that is denied payment.

### DIVORCE

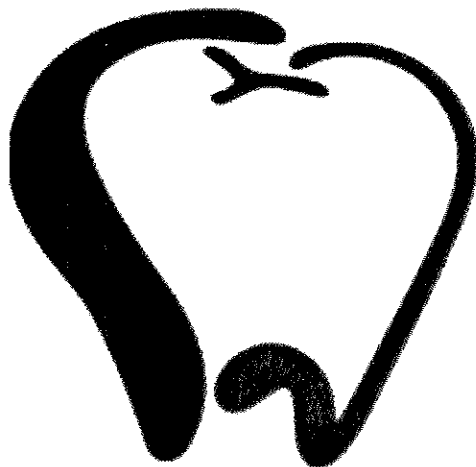
In the case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for the child will be the parent responsible for those subsequent charges. If the divorce degree requires the other parent to pay all or part of the treatment costs, it will be the authorizing parent's responsibility to collect from the other parent.

### Waiver of Confidentiality

You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

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Response Date: \_\_\_\_\_



**Gentle  
Dental  
Care®**

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**NOTICE OF PRIVACY PRACTICES**

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THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAYBE USED AND DISCLOSED  
AND  
HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

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**OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change the Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us.

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**USES AND DISCLOSURES OF HEALTH INFORMATION** We use and disclose health information about you for treatment, payment, and healthcare options. For example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use or disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include: quality assessment and improvement activities, submitting electronic insurance claims; checking claim status via secured internet; checking insurance eligibility; conducting training programs.

**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us a written authorization to use your health information or to disclose it to anyone for any purpose. If you give us any authorization you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Person Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying of location) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information on a determination using our personal judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or similar forms of health information.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we have reason to believe you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcard, or letters).

**Patient Rights Access:** You have the right to look at or get copies of your health information, with limited exception. You may request that we provide copies in a format other than photocopies. We will use that format you requested unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information and we will charge you a reasonable cost-based fee for expenses such as copies and staff time).

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment healthcare operations and certain other activities, for the last 6 years, but not before April 14<sup>th</sup> 2003. We may charge you a reasonable, cost-based fee for respond to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your health by alternative means or alternative locations. (You must make your request in writing). Your request must specify the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. (Your request must be in writing and it must explain why the information should be amended). We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

**QUESTIONS AND COMPLAINTS:** If you want more information about our privacy practices or has questions or concerns, please contact us.