



KELLER DENTAL

A Family's Family Practice

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Dental Consent & Office Policy

Thank you for choosing Keller Dental for your dental care! We look forward to working with you to help you achieve excellent oral health. Benefits of dental treatment can include: relief of pain, the ability to chew properly, and the confidence and social interaction that a pleasant smile can bring. Nonetheless, there are some common risks associated with virtually any dental procedure, including:

- **Drug or chemical reaction.** Dental materials and medications may trigger allergic or sensitivity reactions.
- **Long-term numbness** (paresthesia). Local anesthetic, or its administration, while almost always adequate to allow comfortable care, can result in transient, or in rare instances, permanent numbness.
- **Muscle or joint tenderness.** Holding one's mouth open can result in muscle or jaw joint tenderness, or in a predisposed patient, precipitate a TMJ disorder.
- **Sensitivity in teeth or gums, infection, or bleeding.**
- **Swallowing or inhaling small objects.**

While we follow procedural guidelines, which most often leads to clinical success, not every pursuit in health care turns out the way it is planned. We will do our best to ensure anticipated results. Please feel free to ask questions in regard to all dental procedures that are recommended to you.

I hereby authorize and request the performance of dental services for myself (or dependent). I consent to any necessary procedures, medications or anesthetics to be administered by the doctor or the supervised staff.

Payment Information:

1. We accept Visa, Master Card, Discover Card, American Express, Personal Checks, and Cash.
2. We offer flexible monthly payment plans through Care Credit dental financing. (Subject to approved credit)
3. In-office savings plan: by making payments to our office in advance of treatment, you will build a credit in your account. Once the total of the treatment reached, we will be happy to schedule your treatment.

Checks returned for NSF will be subject to a \$100 fee, your account will be payable immediately in Cash and all further transactions will need to be prepaid prior to receiving services.

I understand that if my account reaches collection status (90 days), my account will be assigned to a collection agency or small claims court and I will pay ALL costs of collection including court costs or attorney fees incurred by Keller Dental.

Insurance: Most dental insurance plans **do not cover** 100% of the cost of your treatment. Because of this, and the extreme delay in receiving payment from the insurance company, you will be asked to pay your estimated co-payment and deductible prior to services. It is important to understand that the agreement regarding your dental insurance benefits is between you, your employer, and your insurance company. Our practice will accept an **assignment of benefits** from your insurance company so that they may pay the office directly for your dental services. Completing insurance forms is a courtesy we extend to patients to facilitate payment to our practice from your insurance company. Although we are willing to submit dental claims on your behalf, we do not accept responsibility for the outcome of the transaction. By having our practice process your insurance forms, it is important that you understand that this does not eliminate your financial obligation.

Our practice does not guarantee that your insurance company will assist you with payment for treatment you receive from our practice. If your claim is denied, you will be responsible for paying the full amount of your claim.

Appointment Policy

We respect your time and make every effort to see you at your designated appointment time. In order to maintain our fees at reasonable levels, we need you to respect our time as well. Missed appointments and appointment cancellations without 48 hour advanced notice are viewed as a breach of contract and you will be charged a \$100 cancellation/ missed appointment fee. Patients who cancel without 48 hour notice or fail to appear for two consecutive appointments will be deactivated from our patient roster and only re-activated by paying in advance for another scheduled appointment.

Photos and Video

I do hereby give consent for Keller Dental or staff to take and/or display photograph(s) and/or video of my/ patient's face and teeth/smile. Any photographs and or video may be used for educational and/or advertising purposes by Keller Dental and may be displayed within our office and/or online.

Prescribing Notification Requirements

Under Colorado law, controlled substance prescriptions will be entered into Colorado's prescription drug monitoring database upon delivery to your pharmacy.

PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

For Treatment We may use your health information to provide you with medical treatment or services. We may disclose health information about you to doctors, dental assistants, technicians, office staff or other personnel who are involved in your dental treatment. Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have and share.

For Payment We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

Appointment Reminders We may contact you as a reminder that you have an appointment for treatment or medical care at the office.

Required By Law We will disclose health information about you when required to do so by federal, state or local law. For example, Keller Dental may disclose information for the following purposes: for judicial and administrative proceedings pursuant to legal authority; to report information related to victim of abuse, neglect or domestic violence; and, to assist law enforcement officials in their law enforcement duties, to avert as serious threat to public health or safety, for worker's compensation claims, to military installations if you were a member of the armed forces, to Coroners, Medical Examiners or Funeral Directors.

Information Not Personally Identifiable We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Family and Friends We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Right to Inspect and Copy You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to Keller Dental in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies.

Right to Request Restrictions You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure performed.

We Are Not Required to Agree to Your Request If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you may complete and submit the Request for Restriction on Use/Disclosure of Medical Information to Keller Dental.

Right to Request Confidential Communications You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can request that we only contact you at work or by email.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner and mail a copy to you if requested.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Keller Dental's Privacy Officer. You will not be penalized for filing a complaint.

****PLEASE SIGN ACKNOWLEDGEMENT OF RECEIPT FOR THIS DOCUMENT LOCATED ON YOUR PATIENT REGISTRATION FORM. PLEASE LET THE FRONT DESK KNOW IF YOU WOULD LIKE A COPY OF THIS NOTICE. THANK YOU.**