

INSURANCE INFORMATION TO OUR PATIENTS

During the past decade, dental benefits plans have become an integral part of health care planning for many families.

Dental benefits plans are made available to employees or members, through companies, unions, and associations, and may vary considerably from one plan to the next.

The range of benefits depends solely on what the purchaser wishes to offer employees or members. Some plans may cover as little as 30% or as much as 100% of dental services, with most falling in the 50% to 80% range. Some plans exclude certain types of service, i.e., orthodontics, while other plans will cover a full range of dental services.

Some plans base the amount of benefit on a chart or schedule of fees arbitrarily developed by insurance companies. For this reason you may receive a lower percentage of the reimbursement level indicated in your dental plan. For example, if your plan states that it will pay 80% of the cost of dental treatment, it means 80% of the fee arbitrarily determined by the insurance company and not the actual fee charged by the doctor.

Office insurance policy:

- My fees are based on the overhead involved in my practice, the treatment plan selected, and the time it takes me to provide you with the necessary dental care. I do not believe it is in either of our best interests for me to compromise my recommended treatment in order to accommodate an insurance program's maximum benefits that may be considerably less than optimal. However, I am more than happy to discuss a treatment plan's advantages and disadvantages with you thereby involving you, rather than your insurance company, in the decision making process.
- The type of treatment you need and receive from me is based upon my professional judgement, and not on whether you are covered by a dental benefit plan; **therefore, I am a non-participating specialist**, however, as a courtesy to you, my staff will complete the dental portion of the claim form, copy required x-rays, provide necessary narrative reports, etc. To expedite processing, make sure that your part of the form is filled out completely and accurately.
- If you direct the insurance company to pay its share of the cost directly to my office, you will receive credit for this amount and be billed for the balance. Upon receipt of the insurance payment, my staff will reconcile the amount and bill, or refund any difference. If your insurance contract is through Blue Shield, United Concordia or Delta Dental then payment is due at the time services are rendered and your insurance carrier will directly reimburse you.
- If your dental benefits plan requires a "predetermination" or "prior authorization", I will submit a treatment plan for review by your insurance carrier. However, please remember that the financial obligation for dental treatment is between you and this office. The insurance company is responsible to you and not this office.
- Even though a claim is filed, you will receive a statement each month if your account has a balance due.
- If you receive a communication from your insurance carrier suggesting that my fee is over and above the usual and customary rate for the services provided to you, please do not accept this as true without first discussing the matter with me. The insurance carrier's fee data may be extremely out of date, or not take into consideration local factors pertaining to (city) in establishing its schedule.
- If after our discussions, you believe that the dental benefits provided by your plan are inadequate, you may want to discuss the matter with your employer, union, or association, so that appropriate alternatives can be investigated.

We will help you in every way in filing your claims, handling insurance queries, processing follow-ups, lost claims, etc.

Douglas L. Reigh, D.M.D.

I acknowledge that I have read and fully understand the insurance and patient payment policies of Douglas L. Reigh, D.M.D.

Signature of Patient

Print Name

Signature of Person Responsible for this account.

Print Name

Rev. 10/12

HIPAA Notice of Privacy Practices

Douglas L. Reigh, D.M.D.
27 Village Center Drive
Reading, PA 19607
610-777-7002

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information
Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases; Health Oversight Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners, Funeral Directors and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Worker's Compensation; Inmates. Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500

Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization or Opportunity To Object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights

Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You may have the right to have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on/or before April 14, 2003.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Print Name _____ Signature _____ Date _____