



ROARING FORK DENTAL ASSOCIATES

Thomas A. Ding, DDS, MS

Restorative • Esthetics • Implant Dentistry

Our Office Scheduling Policy

Our practice is dedicated to quality care and exceptional service. We respect the importance of your time and work very hard to schedule appointments that accommodate the busy scheduling needs of our patients. In return, we ask that patients make every effort not to change reserved dental appointments. Broken and missed appointments create scheduling problems for other patients as well as the practice.

If you find that you must change your appointment, we require a minimum of 24 hours notice so that we may accommodate another patient. We reserve the right to apply a rescheduling charge for broken and missed appointments of \$90 without advance notification.

Our Office Financial Policy

Appointments requiring one visit:

Payment is due in full, at each appointment.

Treatment requiring two appointments:

One half of full fee is due at the first appointment.

The second half is due before or at the last appointment.

Major restorative and implant cases:

There is a high cost of overhead for this type of dentistry. This includes fees paid to our laboratory on your behalf and the cost of materials and parts.

One third of the full fee is due at the first appointment when your treatment is started

The second third will be due at the end of your healing phase. We will inform you when this payment will be due. This will vary by case.

The final third will be due prior to the insertion of your final restorations.

For your convenience, we accept MasterCard, Visa and American Express.

I have read and I understand the above disclosures.

Print name

Patient Signature

Date



ROARING FORK DENTAL ASSOCIATES

Thomas A. Ding, DDS, MS

Restorative • Esthetics • Implant Dentistry

About Financial Arrangements and Dental Insurance

We are committed to provide you the best possible care. If you have dental insurance, we are happy to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and understanding of our payment policy.

Payment for services is due when services are rendered, at which time we will file your appropriate insurance claim as a courtesy to you. We accept cash, checks, MasterCard, Visa, or American Express. In addition, we offer payment plans through our partnership with CareCredit. We will be happy to help you process your insurance claim for reimbursement.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. As a courtesy, we will continue to **approximate** the reimbursement expected from your insurance and apply it to your account. We will advise you of the **approximate** amount you will owe, this will be due at the time of your appointment. Any difference after we receive your insurance payments will be billed to you for a prompt payment. You must realize, however, that:

Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.

Perhaps the most misunderstood part of your coverage is known as the usual, customary, and reasonable (UCR) charges. The UCR is the maximum fee that your policy will cover. This dollar figure varies with each dental policy and is determined in a large part by the amount of coverage purchased by your employer. Stated simply, the lower the UCR, the more your out-of-pocket expense for dental care. We have found that most policies cover about 40 to 60 percent of Restorative services. Again this will vary depending on the type of plan purchased by your employer.

Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help you.

Signature

Date



ROARING FORK DENTAL ASSOCIATES

Thomas A. Ding, DDS, MS

Restorative • Esthetics • Implant Dentistry

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE 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.**

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 08/01/2008 and will remain until replaced.

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 the 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 policy practices, we will change this Notice and make a 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 using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

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

Payment: We may use and 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, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure 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's 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.



ROARING FORK DENTAL ASSOCIATES

Thomas A. Ding, DDS, MS

Restorative • Esthetics • Implant Dentistry

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, your information, 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 based on the determination using our professional judgement disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgement 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 required to do so by law.

Abuse or Neglect: We may disclose your health information to the appropriate authorities if we reasonably believe that you are a possible victim of abuse, Neglect, or domestic violence or the possibility 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 the military authorities the health information of the Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required to lawful intelligence, counterintelligence, and other national security activities. We may disclose to the correctional institution or law enforcement official having lawful custody to 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, postcards, letters, or emails.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$30 for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

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. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.



ROARING FORK DENTAL ASSOCIATES

Thomas A. Ding, DDS, MS

Restorative • Esthetics • Implant Dentistry

Restrictions: 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 information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means of 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.

Question and Complaints

If you want more information about our privacy practices or have questions/concerns, Please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, or in response to a request you made to amend or restrict the use or disclosure of your health information, or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you the address to file your complaint upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Service.

Contact Information:

Office Phone: 970-927-3776

Office Fax: 970-927-9015

Email: Info@roaringforkdental.com

Office Address: 23264 Two Rivers Rd., Basalt, Colorado 81621



ROARING FORK DENTAL ASSOCIATES

Thomas A. Ding, DDS, MS

Restorative • Esthetics • Implant Dentistry

Acknowledgement of Receipt of Notice of Privacy Practices

**** You May Refuse to Sign This Acknowledgement ****

I, _____, have received a copy of this office's Notice of Privacy Practices.

(Please Print Name)

(Signature)

(Date)

For Office Use Only

We attempted to obtain acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

