

## **Welcome to Anthem Oral Surgery & Implant Center!**

The following information will help to acquaint you with our office policies and procedures.

It is the intent of this office to provide for your oral surgery needs in a way that ensures your comfort. We believe that service to our patients is best when there is a complete mutual understanding, informed consent, trust and co-operation.

Generally, the procedure for a new patient in our office is as follows:

1. The initial consultation appointment (except in cases of emergencies) is spent ensuring Dr. Harris is aware of all of your medical, dental and surgical needs. This includes a complete health history, any necessary examinations, viewing any x-rays, along with an informed consent process and possibly even an informed consent video. For your safety, please be as complete and honest about your health history.
2. During the consultation we will discuss your oral surgery condition and recommend proper treatment. The fees for that recommended treatment will be outlined and any financial arrangements and insurance estimates can be discussed. At this point, predeterminations for your insurance can be sent.
3. The fee for each service is based on the service to be rendered, as well as the time and risk associated for its completion. You will find our fees are in keeping with the quality of the service and the amount of contact / time you have with Dr. Harris.
4. When you have decided upon a treatment, you and our staff will make an appointment for that care which is agreeable for everyone involved.
5. Unless Dr. Harris is treating an emergency, you should expect him to be on time, and we would appreciate the same courtesy. If you are excessively late for your appointment we may not have enough time provide the quality service you deserve. We reserve the right to reschedule late arrivals. This ensures we may still provide the next patient with quality care.

Everyone at Anthem Oral Surgery feels strongly that our patients deserve kind, open and comfortable care. It is our priority to listen to your needs and help you in anyway we can. Please don't hesitate to let Dr. Harris or any member of the team know about your concerns, needs or questions.

### **In Return, We Believe We Must Expect From Our Patients:**

1. Commitment to making and keeping appointments. Should it be necessary to change an appointment, we ask that you give us **forty-eight (48) business hours** notice so that we can appoint the time to another patient. There will be a charge of \$150.00 for last minute cancellations or if you do not show up for your appointment.
2. A conscientious effort to follow all pre and post operative instructions. As prescription drug abuse is the number one cause of death in Arizona. Please secure prescription drugs, do not share or sell them and dispose unused drugs immediately and properly.
3. An understanding that surgical treatment carries inherent risk and complications can and do occur.
4. An open willingness to let us know if there is a way to make your experience at Anthem Oral Surgery more pleasant and comfortable.

## Office Hours

Dr. Harris is available 5 days a week at one of two locations **Monday thru Friday 8:00am-4:30pm**

Lunch is generally taken between 11:30 and 12:30 pm.

### **After Hour / Emergency Calls (623) 551-6556**

After hour/emergency calls are forwarded directly to Dr. Harris' cell phone. We do not utilize an answering service so that Dr. Harris can better serve your post operative needs. Should he not be immediately available please leave a message, Dr. Harris will return your call within 2 hours, if not much sooner. If you believe your condition is life threatening, please go immediately to the emergency room or call an ambulance. However, the treatment or care that is available at an emergency room is extremely limited for oral and maxillofacial emergencies. Dr Harris will not call in drug refills without an examination to ensure you are not experiencing a complication.

Please reserve insurance, billing and other business related calls until regular business hours as Dr. Harris will be unable to answer you questions or aid you when not in the office.

## Insurance/Billing Procedures

### **Insurance:**

We will contact your insurance company to get an **estimate** of your benefits. Your insurance company will **never guarantee payment or benefits** over the phone or fax. While we will endeavor to provide you with an accurate assessment of what your insurance company says they will provide you, we can not be responsible if they ultimately deny anything for any reason.

Once we receive information from your insurance company, we will incorporate that information into your treatment estimate.

At your request, we can submit for a **Pre-Determination of Benefits** before any treatment begins. This is a significantly more accurate way to determine what benefits may be paid by your insurance company. Response time to receive information back from an insurance company is approximately 4-6 weeks. **Remember, a pre-determination does not guarantee an insurance payment; it is only a more accurate way to attempt to determine what your insurance plan will pay.**

We do not accept HMO or DMO insurance plans.

**We will make every effort to help you manage your relationship with your insurance company; however, you will always be responsible for ensuring your bill is paid.**

### **Billing:**

Statements are prepared and mailed on or about the 1<sup>st</sup> day of every month. After your insurance pays Anthem Oral Surgery, any patient who has a balance will automatically be sent a statement. Accounts not paid in full within ninety (90) days may be referred to a collection agency and are subject to interest charges. Should your insurance pay more than estimated, Anthem Oral Surgery will issue a refund within 30 days.

## **Financial Policy / Procedures**

The treatment plan is only an **estimate**. On rare occasions, Dr. Harris may detect surgical issues which must be corrected to ensure a successful outcome of the procedure. Every effort will be made to discuss these issues prior to or during the procedure. Any additional cost associated with those needs will be explained by Dr. Harris and the patient and/or responsible party who will be responsible for those additional costs.

### **Payments**

Anthem Oral Surgery is a fee for service office. Therefore, all fees are due at the time of treatment. If you do not have insurance, the total fee for your treatment is due at the time of service. We accept cash, checks, Visa, MasterCard, Discover and American Express.

### **Payment Plans**

Anthem Oral Surgery, in cooperation with the Care Credit Finance Plan, offers several payment plans to meet your needs. Financial arrangements made with Care Credit must be approved and received by our office prior to the day of treatment.

### **Implants**

Our estimate for dental implants **does not** include the cost associated with the restorative treatment (i.e., the crown, abutment or denture placed on the implant(s)). This work will be billed directly by your general dentist who will be performing that work. Dr. Harris has no role in the fabrication of dental implants, screws, abutments or the final restoration and does not warranty the care provided by another practitioner or warranty the medical devices / Dental Implants.

As Dr. Harris has explained, implants or parts of implants can and do fail, bend or loosen. This rare occurrence is out of the control of Dr. Harris. Should an implant be rejected by the patient, the patient is responsible for the **full cost associated with the redo of the implant or crown**, should you choose to do so.

### **Biopsies**

Our estimate for biopsies **does not** include the cost associated with the laboratory and pathologist. We will request a copy of your medical insurance information to send to the laboratory and pathologist so they can directly bill your medical insurance. Anthem Oral Surgery is not responsible for the billing practices of that third party.

### **Cancellation Policy**

**A cancellation fee of \$150.00** may be assessed to your account for not showing up for your appointed time or for cancellations or rescheduling your appointment without a **48 business hour notification**.

**Leaving a message DOES NOT meet these requirements;**

We prefer you call the office and speak directly with a staff member so that we may better serve your scheduling needs. We will charge for continual changes in schedule or broken appointments. If there are unusual circumstances surrounding the need to change a scheduled appointment, please let us know.

# **Due to Privacy Regulations, No Audio or Video Recording or Recording Devices are Permitted in or Outside the Office!**

## **Notice of Privacy Practices for Protected Health Information**

**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!**

With your consent, the practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

### **Example of uses of your health information for treatment purposes:**

A nurse obtains treatment information about you and records it in a health record. During the course of your treatment, the doctor determines a need to consult with another specialist in the area. The doctor will share the information with such specialist and obtain input.

### **Example of use of your health information for payment purposes:**

We submit a request for payment to your health insurance company. The health insurance company requests information from us regarding medical care given. We will provide information to them about you and the care given.

### **Example of Use of Your Information for Health Care Operations:**

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

### **Your Health Information Rights**

The health record we maintain and billing records are the physical property of the practice. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted;
- Request that you be allowed to inspect and copy your health record and billing record—you may exercise this right by delivering the request in writing to our office;
- Appeal a denial of access to your protected health information except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office;
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office; and,
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact Dr. Harris, in person or in writing, during normal hours. He will provide you with assistance on the steps to take to exercise your rights.

### **Our Responsibilities**

The practice is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.
- Report any “Red Flags” or suspicious behavior consistent with identity theft.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

### **To Request Information or File a Complaint**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Dr. Harris.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Anthem Oral Surgery.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the practice.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary.

### **Other Disclosures and Uses**

#### **Notification**

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

#### **Communication with Family**

Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

#### **Food and Drug Administration (FDA)**

We may disclose to the FDA your protected health information relating to adverse events with respect to products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

#### **Workers Compensation**

If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

#### **Public Health**

As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

### **Abuse & Neglect**

We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

### **Correctional Institutions**

If you are an inmate of a correctional institution, we may disclose to the institution, or its agents, your protected health information necessary for your health and the health and safety of other individuals.

### **Law Enforcement**

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

### **Health Oversight**

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

### **Judicial/Administrative Proceedings**

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

### **Disaster Relief**

We may use and disclose your protected health information to assist in disaster relief efforts.

### **Funeral Directors/Coroners**

We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

### **Organ Procurement Organizations**

Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

### **For Specialized Governmental Functions**

We may disclose your protected health information for specialized government functions as authorized by law, such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

### **Other Uses**

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

### **Website**

If we maintain a website that provides information about our entity, this Notice will be on the website.

Effective Date: August 1, 2003