



Quintana Dental Practice

8501 Candelaria Rd NE
Albuquerque, NM 87112
Bldg B (505) 298-9600
Bldg C (505) 292-8300

PATIENT INFORMATION

Date Home Phone () Cell Phone ()

Name SS/HIC/Patient ID#

Address E-mail

City State Zip

Sex M F Age Birthdate Married Widowed Single Minor

Separated Divorced Partnered for yrs

Patient Employer/School Occupation

Employer/School Address Work/School Phone ()

In case of emergency who should be notified? Phone ()

PRIMARY INSURANCE

Insurance Company

Contract # Group # Subscriber #

Person Responsible for Account

Relation to Patient Birthdate Soc. Sec. #

Address (if different from patient's) Phone ()

City State Zip

Person responsible Employed by Occupation

Business Address Phone ()

Names of other dependents covered under this plan

ADDITIONAL INSURANCE

Is patient covered by additional insurance? Yes No

Subscriber Name Birthdate Relation to Patient

Address (if different from patient's) Phone ()

City State Zip

Subscriber Employed by Business Phone ()

Insurance Company Soc. Sec. #

Contract # Group # Subscriber #

Names of other dependents covered under this plan



PRACTICE POLICY

We have several financial options to enable you to receive the proper dental care you deserve. To assist you with a payment plan, we offer Care Credit. This is a reasonable financing option with convenient monthly payments. As always, we accept credit cards- MasterCard, Visa, Discover, personal checks, and cash. Our staff will do their best to help you finance your dental care by doing the following:

1. Submitting pretreatment estimates for pre-approval to your insurance company, **as requested.**
2. Discussing treatment options and fees prior to beginning treatment.
3. Providing you with assistance in completing the dental financial application.

DENTAL INSURANCE

A. **No Dental Insurance company will cover 100%** of all dental expenses.

B. **Your portion, not covered by insurance, is due at the time treatment is performed.**

C. Please understand that **Dental Insurance is a contract between YOU, the patient, and the INSURANCE CARRIER and NOT between the insurance carrier and the dentist.** The patient is the responsible party regarding dental fees. We will gladly process your insurance claims for you at no charge, as a courtesy to you. However, patients should have a good understanding of their dental plan and coverage provided for services prior to their dental appointment.

D. Please be aware that we are only able to **ESTIMATE** your portion, as we deal with a large number of insurance companies, who periodically make changes within their contracts without notifying our office of these changes.

E. **Should insurance fail to pay for services within 45 days, that balance will be transferred to your account.** We will provide you with copies of all documentation we have previously forwarded to your insurance company. Often, the patient has more of an opportunity to get reimbursed than we do. We apologize in advance for any inconvenience; however, we are sure that in these cases, when payment is delayed, you will be more successful in obtaining information from your insurance carrier than we will be.

F. If your plan is a discounted fee schedule, as many insurance companies do offer, be advised that a Discounted Fee Schedule is **NOT** an insurance plan; rather you receive a discount for services provided by our office. Therefore, you will be responsible for the amount due at the time of service.

CASH or CHECK

Payment is due in full when services are performed.

LATE PAYMENTS

Late payments will be assessed a 1.5% charge per month on the outstanding balance.

GRADUAL TREATMENT PLANS

If you do not have dental insurance and are on a budget, we can plan the completion of your dental treatment by spreading your appointment over several months or years. We will arrange to begin with the most urgent services first, and then prioritize the remainder of the needed treatment, in order to be performed at a later date.

ACCOUNTS SENT TO COLLECTIONS

We always regret when we turn accounts over to collections, however, should this be the case, a 30% or \$50.00 administrative fee will be automatically assigned to the account and a 1.5% fee assessed monthly. In addition, legal fees and interest will continue to accrue.

1. Please notify us of any changes to your phone number, emergency contact number, email, and/or insurance coverage.
2. Please give us at least 24 hours advance notice if you need to cancel or change your appointment. We will call one to two days in advance with a courtesy reminder concerning your scheduled time. If we are unable to reach you, we will leave a message. If we are unable to confirm with you, we cannot fully guarantee your scheduled appointment. **If we do not receive cancellation at least 24 hours in advance, there will a \$45.00 Missed Appointment Charge.**
3. In the event that you miss two scheduled appointments without 24 hours advance notice, we will have the option to dismiss you from the practice. This is always difficult for us to do. If you must cancel, please do so at least 24 hours in advance of your scheduled appointment in order to avoid the Missed Appointment Charge.

My signature below indicates that I have read and understand the Quintana Dental Practice Policy.

Patient Signature

Date



Quintana Dental Practice

NOTICE OF PRIVACY PRACTICES

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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your health care record for the purpose of treatment, payment and health care operations.

- Treatment means providing, coordinating, or managing health care related services by one or more health care providers. For example, we may need to share information with other providers or specialists involved in the continuation of your care.
- Payment means such activities as obtaining reimbursement for services, confirmed coverage, billing or collection activities, utilization review. For example, we disclose treatment information when billing a dental plan for your dental services.
- Health Care Operations include the business aspect of running our practice. For example, patient information may be used for training purposes, or quality assessment.

Unless you request otherwise, we may use or discharge health information to a family member, friend, or other personal representative to the extent necessary to help your healthcare or with the payment for your healthcare. In addition, we may use your confidential information to remind you of appointments by sending reminder postcards and/or leaving messages at home and/or work. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regard to your protected health information, which you can exercise by presenting a written request to Privacy Officer at the practice address listed below:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any personal friends, or any other person identified by you. We are however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to request to receive confidential communication of protected health information from us by alternative means or at alternative locations.
- The rights to access, inspect, and copy your protected health information.
- The right to request an amendment to your protected health information
- The right to receive an accounting of disclosure of protected health information outside of treatment, payment, and health care operations.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. This notice was effective as of 4/14/2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make new provisions effective for all protected health information that we maintain. Revision to our Notice of Privacy Practices will be posted on the effective dates and you may request a written copy of the Revised Notice from this office. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices, please contact:

Privacy Officer: Herlinda Quintana
Office Name: Quintana Dental Practice
Address: 8501 Candelaria NE. Bldg. C.
Albuquerque, NM 87112
Phone Number: (505) 292-8300

For more information about Health HIPAA or to file a complaint, please contact:

The U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
1- 877-696-6775 (toll free)