

Frederick G. Guerra Jr., D.M.D.

"Our mission is to provide you with exceptional dental care and service in an inviting and comfortable environment. Employing advanced dental technology and a dedicated teamwork approach, we will act as your advocate to help you attain and maintain a lifetime of optimum dental health."

Dental Consent

Thank you for choosing our office 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 lead to a clinical success, like in any other pursuit in health care, not everything turns out the way it is planned. We will do our best to assure that it does. Please feel free to ask questions in regard to all dental procedures that are recommended to you.

Financial Policy

Our office wants you to be able to comfortably afford dental care. We proudly offer the following financial policy so that you and your family can have the opportunity to decide which payment option best suits your needs.

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. Dental insurance is a contract between the employer and the patient. It has **no connection** at all to the provider of dental treatment. Although it is not required, we will prepare and submit your insurance claim forms at no cost as a courtesy to you. We will **estimate** as closely as possible your dental coverage but, until we actually receive payment from the insurance company your true cost after insurance for your dental treatment is unknown. I understand that any remaining balance for services is my responsibility.

Payment Information:

1. Our office offers a 5% courtesy to those **patients willing to pay for treatment in full, at least 48 hours in advance** of treatment. If you are not prepared to pay in full, we do ask for 20% deposit to reserve your appointment time with remaining amount due at the appointment time.
2. We accept Visa, Master Card, Discover Card, Personal Checks, and Cash.
3. We offer flexible monthly payment plans through Care Credit dental financing. (subject to approved credit)
4. 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 cost of collection including any court cost and attorney's fees incurred by Guerra Dental.

Appointment Policy

Please understand that we respect your time and will 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. Failed appointments or cancellations within 48 business hours are viewed as a breach of contract with our office and you will be charged \$100. Patients who cancel without advance notice or fail two consecutive appointments will be deactivated from our patient roster and only re-activated by paying in advance for another scheduled appointment. (Any reservation deposit or pre-payments made towards appointments is not refundable if appointment is failed.)

Photos and Video

I do hereby give consent for Dr. Guerra 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 Guerra 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 filling prescription.

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.

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, Guerra 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 of safety, for worker's compensation claims, To military installations If you were a member of the armed forces, To Coroners, Medical Examiners and 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 Guerra 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 surgery you had.

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 Guerra 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 ask 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.

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 Guerra Dental's Privacy Officer. You will not be penalized for filing a complaint.

I request a copy of this notice.

I decline to take a copy of this notice.

I have read and understand all of the above:

Patient's signature or Parent's signature (if minor patient)