



General Information

Thank you for your interest in our practice. Here at Luth & Heideman Center for Dental Care our goal is to provide you with the highest quality and most comprehensive care possible.

The care we provide each patient is specific to that person's needs and circumstances.

Regarding health history and treatment: It is important that you are informed about your dental health and any needed treatment and that you give your consent before starting any dental treatment in our office. The purpose of this form is to inform you of some of the major risks that may occur during the dental treatment we provide to you. You have a responsibility to please inform us of your current overall health status, any conditions you are receiving care or treatment for, any systemic diseases, recent or past surgeries, accidents, and / or other risk factors that affect your general health.

Risks of dental procedures in general: Included (but not limited to) are the complications resulting from the use of dental instruments, drugs / medications, oral anxiolysis (medications used to calm a patient), analgesics (pain relievers), anesthetics and / or injections. These complications can include death, pain, infection, swelling, bleeding, sensitivity, discoloration, numbness and tingling sensation in the lip, tongue, chin, gums, cheeks and teeth, thrombophlebitis (inflammation to veins/arteries), reaction to injections including tachycardia (fast heart beat), changes in occlusion (the way your teeth come together), muscle cramps and /or spasms, temporomandibular (jaw) joint disorders, loosening of the teeth or restorations in the teeth, injury to other oral or peri-oral tissues, referred pain to the ear, neck and head, nausea, vomiting, allergic reactions, itching, bruising, delayed healing, sinus complications, and further need of surgery. Medications (drugs) may cause drowsiness, lack of awareness and coordination (which can be influenced by the use of alcohol and other drugs); thus it is advisable not to operate any vehicle or hazardous device, or work for twenty-four hours or until full recovery from these effects.

Other treatment options include: No treatment, waiting for more definite development of symptoms or having the teeth removed. Risks involved in these choices might include pain, swelling, infection, loss of tooth and infection to other areas. Treatment will be done in a manner to minimize or avoid risks, as success cannot be guaranteed.

Scheduling Requirements: Our office is unique - We respect and value your time. We work very hard to schedule appointments that accommodate your busy schedule. In return, we ask that our patients make every effort not to change an appointment once it has been reserved. When you are scheduled for an appointment, we do not triple or quadruple book appointments (i.e. schedule 4 or 5 patients for the same appointment time slot) thus the doctor has dedicated this time to give you his full undivided attention. Because of this if you do not show up for your appointment there is no one else to fill that time. As a show of good faith and commitment on your part we ask that your patient portion be pre-paid to reserve an appointed time in the schedule. An added benefit to you for of paying in advance is that often you are numb and tired from the dental procedures you have undergone and it shortens your check out time when getting ready to leave our office.

As a courtesy, we contact our patients in advance to confirm your reserved time; again this is a courtesy call and does not excuse you from any missed appointments if we do not reach you. If you find that you must change an appointment, we require a **minimum of 48 hours notice** so that we may accommodate another patient. Your cooperation is appreciated. Broken and missed appointments create scheduling problems for other patients as well as the practice. If you fail to show for your appointment or give less than 48 hours notice for a cancellation, there is no one else coming to take

your place therefore you will be charged a \$25 per hour missed appointment fee. Emergencies do occur and are considered on a case-by-case basis.

We Accept CASH /CHECK- Checks must be accompanied with a valid state driver's license. A \$45.00 fee will be charged on all returned checks plus any unpaid balance on your account.

We accept CREDIT CARDS (AMEX, Discover, MasterCard, and Visa).

Financing is offered through CARE CREDIT™ Financial Services (or similar). This company may offer interest free periods, low monthly payments and comfortable payment option that better fit your budget.

Insurance patients: We realize understanding your insurance coverage can be quite challenging. We do our best to verify your eligibility and receive a basic breakdown of your available benefits. Unfortunately detailed information is not always disclosed by your insurance company and benefits are not guaranteed until a claim is received and processed. We encourage you to become familiar with your policies exclusions, deductibles, frequencies, limitations, and required out of pocket expenses if any.

We will estimate your patient portion prior to treatment based on information obtained from your primary insurance company. Please understand that after your primary insurance processes your claim there may be a remaining balance left on your account. If secondary insurance exists, as a courtesy we can provide you with information you need to submit to your secondary insurance for reimbursement. Due to the constant changes of insurance policies and procedures we will only be able to bill your primary insurance.

Fluoride for the Whole Family: Dr. Luth & Dr. Heideman recommend and provide fluoride treatment to patients of all ages, they strongly feel the benefits outweigh the cost; most insurance companies do not cover this procedure for patients over the age of 13. This means there is a cost to you for fluoride treatment. If you are unsure about the benefits of fluoride, or would not like fluoride treatment after your cleanings, please discuss this with the doctor or hygienist.

Consent: I authorize Dr. Luth & Dr. Heideman or their staff, under their supervision, to take radiographs, photographs, study models, or other diagnostic aids deemed appropriate by the doctor to make a thorough diagnosis of my dental needs. I recognize and agree that all such radiographs, photographs, study models, or other diagnostic reports are the personal property of Dr. Luth and Dr. Heideman, to use and/ or discard, as they deem appropriate. I further authorize and consent the doctor to utilize any such assistance from other dental professionals as they deem fit (i.e. specialists, lab technicians, etc.). I understand there is no warranty or guarantee as to any result. I understand that I can ask for full recital of possible risks pertinent to the phase of my care.

By signing below, I acknowledge that I have read and understand all the information provided to me regarding Treatment, Consent, Insurance, and Appointment Policies and that I have received a copy of this form.

Date _____ / _____ / _____ Reviewed by _____ Patient/Guardian Signature _____



Consent & Guarantee Form

Metal Free Restorations: Our doctor's number one concern is to treat you with the most advanced materials, techniques and services available to improve the cosmetic and clinical outcome of a healthy mouth. Where possible they avoid the use of most metals such as mercury fillings, base metals under crowns, and other potentially hazardous materials. Because they have your best interests in mind some of the procedures we provide are above and beyond what your Insurance Company, considers standard. This can generate additional dollars due over the standard fees agreed upon with your Insurance Company or Dental Network. We will always provide this information to you.

Dental work with a Guarantee: Expect a higher standard of care when you see Dr. Luth & Dr. Heideman. We know that dentistry can be very nerve racking to most patients and having a problem with dental work that you just had done can make the experience even worse. This is why we want you to know that we put our names on our practice for a reason – WE STAND BEHIND OUR WORK. We are keeping it very simple... Here is how it works!

Our Part:

- We will replace any Ceramic restoration (*such as crowns, veneers, onlays or inlays*) we have placed, which develop a structural problem, at no charge for 5 years.
- We will replace any basic restoration (*such as fillings or sealants*) we have placed, which develop a structural problems, at no charge for 1 year.

Your Part: the following conditions are required:

- You must come in and have a checkup with x-rays, cleaning and fluoride every 6 months (*unless instructed to come more frequently*)
- Pay for all dental work we have performed including any amounts insurance does not cover.
- The restoration provided is permanent and deemed by the dentist to be the most appropriate method of dental treatment.
- An NTI (bite splint) is worn at night in cases where the dentist detects a history of grinding and/or clenching and recommends the use of the NTI appliance.

To be clear we guarantee our restorations not your teeth. If you develop dental decay around a restoration that is not something we can control. If your tooth fractures or needs to be extracted, if the nerve begins to die and requires root canal therapy we cannot control these situations.

By signing below, I acknowledge that I have read and understand all the information provided to me regarding Financial Insurance Upgrade and Work Guarantee and that I have received a copy of this form.

Date _____ / _____ / _____ Reviewed by _____ Patient/Guardian Signature _____



NOTICE OF PRIVACY PRACTICES (HIPAA)

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

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you

- Get an electronic or paper copy of your dental record
 - You can ask to see or get an electronic or paper copy of your dental record and other health information we have about you. Ask us how to do this
 - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee
- As us to correct your dental record
 - You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this
 - We may say “no” to your request, but we’ll tell you why in writing within 60 days
- Request confidential communications (must have in writing)
 - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address
 - We will say “yes” to all reasonable requests
- Ask us to limit what we use or share
 - You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care
 - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information
- Get a list of those with whom we’ve shared information
 - You can ask for a list (accounting) of the times we’ve shared your health information for six (6) years prior to the date you ask, who we shared it with, and why
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months
- Get a copy of this privacy notice
 - You can ask for a paper copy of this notice any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly
- Choose someone to act for you (must have in writing)
 - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information
 - We will make sure the person has this authority and can act for you before we take any action
- File a complaint if you feel your rights are violated
 - You can complain if you feel we have violated your rights by contacting us
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1 (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - We will not retaliate against you for filing a complaint

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. (must be in writing)

- In these cases, you have both the right and choice to tell us to:
 - Share information with your family, close friends, or others involved in your care
 - Share information in a disaster relief situation
 - Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases we never share your information unless you give us specific written permission
 - Marketing purposes

- Sale of your information
 - Most sharing of psychotherapy notes
- In the case of fundraising
 - We may contact you for fundraising efforts, but you can tell us not to contact you again

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

- Treat you
 - We can use your health information and share it with other professionals who are treating you
- Run our organization
 - We can use and share your health information to run our practice, improve your care, and contact you when necessary
- Bill for your services
 - We can use and share your health information to bill and get payment from health plans or other entities

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

- Help with public health and safety issues
 - We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
- Do research
 - We can use or share your information for health research
- Comply with the law
 - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law
- Respond to organ and tissue donation requests
 - We can share health information about you with organ procurement organizations
- Work with a medical examiner or funeral director
 - We can share health information with a coroner, medical examiner, or funeral director when an individual dies
- Address workers' compensation, law enforcement, and other government requests
 - We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities by law
 - For special government functions such as military, national security, and presidential protective services
- Respond to lawsuits and legal actions
 - We can share health information about you in response to a court or administrative order, or in response to a subpoena

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind
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For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon receipt, in our office.

This Notice of Privacy Practices applies to the following organizations:

Luth & Heideman Center for Dental Care
6950 W. Smoke Ranch Rd., Ste. 150
Las Vegas, NV 89128
Ph: (702) 304-1902
Fax: (702) 304-1909
Web site: www.LHDentalCare.com

ACKNOWLEDGMENT OF RECEIPT OF OUR NOTICE OF PRIVACY PRACTICES

DESCRIPTION OF PERSONAL REPRESENTATIVES AUTHORITY

1. Please list who you want to have access to your pertinent medical information.
(i.e.: family member, spouse, significant other)

2. May we leave message on answering machine? YES NO

3. Preferred method of contact? HOME PHONE CELL PHONE EMAIL

Home # _____ Cell# _____ Work# _____

Home # _____ Cell# _____ Work# _____

By signing below, I acknowledge that I have been provided with a copy of the Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by our office and how I may obtain access to and control this information.

X _____

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE

X _____

PRINT NAME OF PATIENT OR PERSONAL REPRESENTATIVE

DATE _____