



OFFICE POLICIES

NEW PATIENT REGISTRATION POLICY

Generations Dental Care (GDC) needs to have a completed registration, health history, and any available radiographs (x-rays) in our office prior to your first visit. We ask that new patients contact their previous office if they have x-rays that were taken within the past five years and have them transferred to us. They can be mailed or emailed to: treatment@generationsdental.com

PREVENTATIVE CARE

GDC requires that all new patients have a comprehensive exam with the doctor. Adults will have their comprehensive exam after an initial hygiene appointment. Children under the age of 18 will have their hygiene appointment and comprehensive exam at the same visit. This exam reviews such things as the patient's overall oral health, dental needs/concerns, oral cancer screening, periodontal screening, review of patient's X-rays, and a recommendation for cleaning intervals. We require all patients have regular cleanings and X-rays based on the doctors recommendations.

RADIOGRAPH (X-RAY) FREQUENCY

GDC requires all adult patients to have a full mouth survey of X-rays (FMX) every three to five years (based on individual dental needs). Also, patients 5 years and older are required to have bitewing (BWV) X-rays annually. A panoramic X-ray will be taken on teenage children around the age of 14 to evaluate the eruption of their wisdom teeth (3rd molars). Any other X-rays will be taken at the doctor's discretion and as the need arises. GDC feels strongly that X-rays are an important part of determining the patient's overall oral health, yet we realize the importance of keeping radiation to a minimum. GDC will not take any unnecessary X-rays.

DENTAL PROCEDURES PERFORMED IN THIS OFFICE

GDC is a three doctor practice. Visits are scheduled based on the first available doctor as well as areas of expertise. The doctors perform procedures such as cosmetic dentistry, crowns, bridges, implants, composite (white) fillings, partial and full dentures, routine extractions, and many other general dental treatments. Should the need arise for other types of treatment, our office will coordinate and schedule your appointments with a qualified specialist.

PRE-MEDICATING FOR DENTAL TREATMENT

Certain medical conditions require a patient to take antibiotics prior to dental treatment—this is often referred to as "pre-medication". Should one of these conditions exist, we will contact your physician and ask for written confirmation as to your need for pre-medication. Since your physician is the health care professional who treats you for these conditions, it is our policy to adhere to his/her instructions. Should the physician not have records relating to the condition we are inquiring about, or if a patient does not have a physician, it is GDC's policy to pre-medicate the patient as a pre-caution. In most cases, rescheduling treatment will be necessary if pre-medication has not been taken.

CANCELLATION POLICY

GDC asks for 24 hours notice should you need to cancel an appointment (excluding family emergencies).

PAYMENT/INSURANCE POLICY

To help reduce our administrative costs and keep our fees to you as low as possible, we require payment to be made at or prior to the time that you (or your family members) receive treatment. The payment methods available to you are:

- ❖ Cash
- ❖ Check
- ❖ Visa/MasterCard

For treatment plans over \$300, please inquire about the possibility of an extended payment plan.

A note for patients with dental insurance-

Dental insurance usually does not cover the total cost of your treatment. When treatment is delivered to you, your co-payment will be expected at that time. If your insurance company fails to pay within 60 days after we submit your claim, you will be responsible for the full fee.

RETURNED CHECK POLICY

In cases where checks are returned due to insufficient funds, GDC will charge the patient's account a service fee to cover administrative expenses. If the bank allows, we will re-deposit the check. If the bank does not allow this, or if the check is returned again, we will contact you to work out alternative payment arrangements such as MC/VISA, cash or independent financing. This fee must be paid prior to the family's next scheduled appointment.

SOCIAL SECURITY NUMBER (SSN) IDENTIFICATION POLICY

GDC is extremely aware of the need to safeguard not only the treatment information, but also the personal identification information of each patient, including your SSN. Such information is restricted to internal office use and our necessary insurance/billing procedures. Patients do, of course, have the right to withhold their SSN from the office. In such cases we ask that patients who elect to reserve their SSN use our MC/VISA, cash, or independent financing options.

HIPAA PRIVACY POLICY

The privacy of your health information is important to GDC. By signing this form you acknowledge that you have received and read a copy of GDC's Privacy Practices. The Privacy Practices form describes how health information about you may be used and disclosed and how you can get access to this information.

By signing below, I am acknowledging that I have received, read and agree to the above policies of Generations Dental Care.

Patient/Responsible Party Signature

Date

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