



# THE UNIVERSITY OF IOWA

## College of Dentistry

### PATIENT TREATMENT CONSENT/AGREEMENT

The University of Iowa College of Dentistry is committed to providing excellent patient care while educating dental students and residents. We appreciate your participation and support of our academic programs.

#### Consent to Treatment

The undersigned consents to radiographs (x-rays), laboratory procedures, anesthesia, diagnostic tests, dental treatment, or other procedures rendered to the patient under the supervision of dental faculty. Although the undersigned may elect not to undergo certain specific procedures, without adequate diagnosis or treatment plan the College may decline to treat the patient.

#### Privacy Practices

The undersigned has received the College of Dentistry's Notice of Privacy Practices and consents to the use and disclosure of their health information to carry out treatment, payment activities, and health care operations. In order to assist in the improvement of dental care through research, study, and teaching, the undersigned authorizes representatives of the College of Dentistry to use all or part of the patient's record including written records, radiographs, photographs, videotapes, and laboratory reports in photographic or written form for teaching and research purposes which may lead to publication in scientific journals so long as the patient is not identified by name in connection therewith. This may also involve news releases to newspapers and broadcast media. The undersigned has the right to revoke consent at any time by written notice. However, we may decline to treat the patient if this consent is revoked.

#### Patient Rights and Responsibilities

The undersigned hereby acknowledges that he/she has read and understands the College's Patient Rights and Responsibilities.

#### Financial Agreement

The undersigned agrees, whether he/she signs as agent or as patient, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account of the College of Dentistry in accordance with the regular rates and terms of the College. Should the account be referred for collection, the undersigned shall pay reasonable attorney's fees and collection expenses. If a patient's account is sent to collections, the College will provide only emergency treatment for pain and swelling until the account is current. Failure to pay for services in a timely manner may jeopardize a patient's access to routine dental care.

#### Minors and Dependent Adults

- \* All patients under the age of 18 or dependent adults must register the name, address, and social security number of the adult responsible for payment.
- \* Either parent or legal guardian may be held responsible for payment of treatment rendered to their minor child or dependent adult.
- \* In the event of a divorce or separation, both parents may be held responsible for payment of treatment rendered to their minor child.

#### Payment

- \* Full payment is due on the day service is provided or by special arrangements with the Business Office.
- \* A half-down payment may be required for procedures that are more extensive or that require lab work.
- \* Cash, check, or credit card (Visa, MasterCard, and Discover) are accepted for payment.

#### IowaCare

The College of Dentistry **DOES NOT** participate in the IowaCare program.

- \* Extractions are a covered benefit of IowaCare, but only if extractions are done at UIHC or Broadlawns (Polk Co. residents only).
- \* Payment for any dental services, including extractions received at the College, is the patient's responsibility.

## Insurance

- \* All insurance information must be registered at the initial appointment and updated when information changes.
- \* Patients must provide a copy of his or her dental and/or medical insurance card/s.
- \* Prior approval can be submitted after presentation of a treatment plan. This is not a guarantee of payment. Patients must initiate the request with the Business Office.
- \* Patients who have dental insurance are not required to pay in full after each visit. Once insurance is submitted, the patient will be billed for all deductibles, copayments, and balances, after the insurance benefit has been applied to the account. **Please note:** a down payment is required for treatment related to: endodontics, oral surgery, orthodontics, implants, and procedures requiring laboratory fabrication (crowns, bridges, dentures).
- \* Patients with limited insurance benefits or those who have a large personal balance after the insurance benefits have been applied, must visit the Business Office to establish a payment plan for treatment.
- \* Dental charges are determined by the level of practitioner providing the service. Reduced fees are offered for services provided by predoctoral and graduate students. Charges are submitted to insurance as they are billed to the patient.
- \* Insurance claims for services by predoctoral students are submitted under the name of a faculty member, whose name will appear on insurance information. In private practice, the faculty provider's name will appear on claims.
- \* Collection issues as a result of layoffs, contract disputes, or contract coverage changes are to be resolved by the insured with his/her employer and insurance carrier. It is the patient's responsibility to know his/her contract.

## Medicaid/Title 19

- \* The College participates in the Medicaid program for **Iowa** only.
- \* Patients are required to pay a \$3.00 copayment for each charged visit. Copayments are not applicable if the patient is: **A)** under age 21 **B)** pregnant **C)** a resident in a nursing home, state mental health institute, or a residential care facility.
- \* Patients are required to register Title 19 information at the first appointment and must inform the clerk or Business Office of any changes in eligibility. It is the patient's responsibility to know insurance coverage and benefits. **Not all Title 19 programs have dental benefits.**
- \* Title 19 is the last payor; therefore, patients must inform us of any additional dental insurance.
- \* Partial dentures, periodontal scaling/root planing, and root canal retreatments may be covered by Title 19, but require prior authorization. The patient must initiate the request with the Business Office.
- \* Cleanings, fluoride, radiographs, fillings, root canals, crowns, and complete dentures are covered by Title 19 but may have frequency limitations.
- \* **Non-covered services** include, but are not limited to bleaching, onlays, diagnostic casts, periodontal surgeries such as crown lengthening, and adult orthodontics. Services such as bridges and implants may be covered, if there is an established medical necessity and prior approval.
- \* Patients who receive dental services that are **not** covered under Title 19 or have frequency limitations, will be responsible for payment.
- \* The College, as a Medicaid participant, must accept payments by Medicaid and will not bill additional charges to patients for services covered under the program.

The undersigned authorizes the University of Iowa College of Dentistry to submit claims (on the patient's behalf) to insurance, Medicare, Medicaid, or other third party payer(s) and to disclose health information to the extent necessary to obtain payment. The undersigned also assigns benefits paid by insurance, Medicare, Medicaid, or other third party payer(s) directly to the University of Iowa College of Dentistry. In consideration of the dental services provided, the undersigned assigns to the College any benefits to which the undersigned may be entitled to receive, including without limitation any such benefits due or claims the undersigned has under or pursuant to a benefit plan governed under ERISA, 29 USC sec. 101 et seq.

*I have reviewed the College of Dentistry Financial Policy as stated above and I understand and accept responsibility of cooperating with these policies. I understand that I will be responsible for financial balances resulting from treatment received that is not paid by my insurance company, Medicare, Medicaid, or any third party agency.*

My signature acknowledges that I understand and accept the above College of Dentistry agreement.