Yathi Lingam, DDS, Olympia Smiles
2600 Yelm Hwy SE, Olympia, WA 98501
Phone: 360-528-4488 WWW: olympiasmiles.com

# OFFICE POLICY and FINANCIAL ARRANGEMENT

Welcome to Olympia Smiles Dentistry. We are happy to have you as a patient and look forward to offering you and your family the finest dental care available. In an effort to control our administrative costs and keep our fees down, it is our policy to collect your payment/co-payment at the time of service. We realize that every person's financial situation is different. For this reason we have worked hard to provide a variety of payment options to help you receive the dental care needed to enjoy a healthy and confident smile with respect to your budget.

**Dental Insurance:**

As a courtesy to you, we will be happy to file the forms necessary to see that you receive the full benefits of your coverage; however we make no guarantee to any estimated coverage. Because the insurance coverage is an agreement between you and the insurance company, we ask that all patients be directly responsible for all charges. Please know that we will do everything possible to see that you receive the full benefits of your policy.

**Payment Options:**

Cash or Check: For those with our dental insurance or discount plans; we are happy to offer a 5% savings for all treatment paid in full at the time of service. This discount is given when paying with cash or check only. Use of debit/credit cards or payment plans will void cash discount. An additional 5% is given to senior citizens over 60 years of age.

Credit cards: For your convenience we have made arrangements to accept VISA, MasterCard, Discover and American Express

Payment Plans: For those patients that desire a monthly payment plan, we have made arrangements with several financial companies. There are no application fees for most plans, no down payment is necessary and the loan can be interest-free for up to 12 months. Applications are available in office and a response is provided very quickly.

**Cancelled or Failed Appointments:**

When scheduling an appointment with our office, we will do our best to find a time that best suits your busy schedule, as well as respect to your time. We ask that you give us the same respect in return if you need to change a scheduled appointment time. Our office does charge a $75.00 or 10% of the scheduled treatment for all appointments that are cancelled or failed without notice given 2 business days in advance.

I understand that I am responsible for all charges incurred and that my insurance carrier may pay less than estimated. I agree to pay my payment/co-payment at the time of service and any collection fees incurred in the event that I do not pay, which then it will be turned over to a collection agency for further action.

**I read and understood the above statements and policies.**

Yathi Lingam, DDS, Olympia Smiles
2600 Yelm Hwy SE, Olympia, WA 98501
Phone: 360-528-4488 WWW: olympiasmiles.com

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

I acknowledge that I have received a copy of the Statement of Privacy Practices for the offices of Olympia Smiles Dentistry for All Ages. The Statement of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office health care operations. The Statement of Privacy Practices also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Statements of Privacy Practices is also posted in the facility.

Olympia Smiles Dentistry For All Ages reserves the right to change the privacy practices that are described in the Statement of Privacy Practices. If privacy practices change, I will be offered a copy of the revises Statement of Privacy Practices at the time of my first visit after the revisions become effective. I may also obtain a revised Statement of Privacy Practices by requesting that one be mailed to me.

**I HAVE RECEIVED A COPY OF THIS OFFICE'S NOTICE OF PRIVACY PRACTICES.**

## ADDITIONAL DISCLOSURE AUTHORITY

In addition to the allowable disclosures described in the Statement of Privacy Practices, I hereby specifically authorize disclosure of my protected health care information to the persons indicated below:

__YES __NO ANY MEMBER OF MY IMMEDIATE FAMILY
__YES __NO SPOUSE ONLY:
__YES __NO OTHER(please specify:)

## FREE WHITENING OFFER

Here at Olympia Smiles, we are offering free whitening to each new patient that comes in for an exam, x-rays and cleaning. It is our intent to provide this service to everyone that would like to take advantage of it. However, each patient is unique and has different individual needs than the next. Before we can provide this service we do need to complete the cleaning and wait for approximately 3 days for the gum tissue to heal before we can take impressions for the whitening trays. If a patient comes in with active decay, we do need to resolve those issues before we can have the bleaching material exposed to the teeth. These are necessary preventative measures that are in the best interest of our patients. Not every patient is a candidate for bleaching for varying issues including existing restorations and age.

For children under 18 we will substitute the whitening offer for a sports guard. Please feel free to ask any questions you may have on this or any other issue at any time.

The whitening offer consist of the following: impressions for custom whitening trays, delivery of custom whitening trays, 4 syringes of whitening gel, two follow-up visits to check the whitening progress.

Once the four syringes have been used, Dr. Lingam will determine if additional whitening is advisable. Each additional syringe is $20.00.

We also offer Free Whitening for Life! To be eligible for this plan, simply return for your cleaning appointments as directed by Dr. Lingam, and receive additional whitening gel free.

**I have read and understand the above.**

Yathi Lingam, DDS, Olympia Smiles
2600 Yelm Hwy SE, Olympia, WA 98501
Phone: 360-528-4488 WWW: olympiasmiles.com

## AUTHORIZATION for SIGNATURE on FILE

I hereby authorize the office of Yathi J. Lingam, D.D.S. to affix my name to any and all claims or documents as related to any health benefits due to myself or my dependants. I hereby authorize payment of dental benefits otherwise payable to me, directly to Dr. Lingam's office. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless the treating dentist has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted under the applicable law, I authorize release of any information relating to the claim. A photocopy of this document may act as an original.

## PATIENT CONSENT / HIPAA RELEASE

By signing below, you consent to the use and disclosure of your Protected Health Information (PHI) by Dr. Lingam, his staff, and business associates for treatment, payment, and health care operations. For a more detailed description of uses and disclosures for these purposes, please review our Notice of Information Practices. You have the right to review our Notice prior to signing this consent. The terms of this notice may change. If the terms do change, you may obtain a revised Notice by simply contacting this office at 360-528-4488 and request a revised Notice. We will also post any revised Notice in the office.

You have the right to request that we restrict our uses and disclosures of your PHI that we are otherwise permitted to make for treatment, payment and health care operations, although we are not required to agree to these restrictions. However, if we agree to further restrictions, they are binding on us. Finally, you may refuse to consent to the use of disclosure of your PHI, but this must be in writing. Under this law, we have the right to refuse to treat you should you chose your Protected Health Information.

This form is also used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

**I have reviewed, understand and agree to the consent of Notice of Privacy.**

## DIGITAL X-RAY CONSENT

**Digital Dental X-Rays use 80-90% less radiation than conventional X-Rays.**
**Thus the possible harm and hazard from dental x-rays have all but been eliminated.**

It has been explained to me the nationwide standard of care for the TAKING OF NECESSARY PERIODIC DIGITAL DENTAL X-RAYS. I understand that by my refusal of this service a complete diagnosis is not possible.

The undersigned hereby authorizes the Doctor and/or the staff members to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by Doctor to make a thorough diagnosis of the patient's dental needs.

I accept full responsibility for any problems such as loss of teeth through tooth decay, gum disease, abscesses, tumors, or oral cancer that may be undiagnosed, and therefore untreated.
I agree to hold this practice and its staff blameless in the event that any of the above problems should occur.
I accept the reduced standard of care that results from the OMISSION of periodic digital dental x-rays.