

Bradley A. Blair, DDS
Comprehensive Dentistry—Esthetic, Restorative & Preventive
1101 Norton Rd, Galloway, Ohio 43119
614-878-8303 e-mail: bblairdds@rrohio.com
www.blairdental.com

Welcome to our office! We appreciate the confidence and trust that you have placed in us and look forward to meeting you personally and professionally.

Our philosophy of care governs everything we do for you. It consists of the following key elements:

- ✓ We are truly caring about our patients and want you to feel very comfortable with our entire staff.
- ✓ We recognize that each patient is an individual and our goal is to help you retain your teeth in comfort, function and esthetics for a lifetime.
- ✓ We work with only one patient at a time, and do not double book. The time that you reserve with us is yours and yours alone.
- ✓ We strive to be thorough in everything we do, taking the time to be the best we can be.
- ✓ We are esthetics oriented, helping you look your best, while maintaining optimum comfort, function and health.

At your first visit, we will take the time to get to know you (and you, us) and discuss your dental needs and desires. We will perform a comprehensive dental evaluation and gather information to make a customized plan for you. This will take approximately 90 minutes.

Enclosed you will find our new patient information form. Please fill this out and bring it with you to your first appointment along a list of any medications that you take.

We look forward to meeting you.

Sincerely,

Bradley A. Blair, DDS and Staff

P.S. Please visit our website at www.blairdental.com to learn more about us!

BRADLEY A. BLAIR, D.D.S.

GENERAL DENTISTRY
1101 NORTON ROAD
GALLOWAY, OHIO 43119
614-878-8303
614-851-1055 FAX

Welcome to our office. We appreciate your selection of this office to serve your dental health needs. Our goal is to provide the very best possible dental care for our patients so that each of you may maintain optimum dental health throughout your lifetime. Please provide us with the following information so that we may get to know you better.

Date_____

Name_____ Social Security Number_____

Home Address_____ City_____ Zip_____

E-Mail Address_____

Home Telephone_____ Work_____ Cell_____

Occupation_____ Company Name_____

Company Address_____

By what name do you wish to be called in our office?_____

Birthday_____ Marital Status_____ Name of Spouse_____

Whom may we thank for referring you to our office?_____

Are other family members patients here?_____

Who is your medical doctor?_____

What in particular brings you to our office?_____

Method of payment:

_____ Payment at time of visit

_____ Mastercard or Visa

_____ Dental Insurance. Name of Insurance Company_____

Name of Insured_____

Birthdate of Insured_____ SSN_____

Company Name & Address_____

Do you have Dental Insurance Coverage other than your own?_____

Name of Insurance Company_____

Name of Insured_____

Birthdate of Insured_____ SSN_____

Company Name & Address_____

For our patients with dental insurance, please remember that YOU ARE RESPONSIBLE FOR PAYMENT. Remember too that few insurance companies attempt to cover all dental costs. Some pay fixed allowances for certain procedures, others pay a percentage of the charge. It is your responsibility to pay any deductible, co-insurance, or other balance not paid for by your insurance.

DENTAL HISTORY

Date_____Name_____

Reason for Appointment_____

Do you desire complete and thorough dental care or treatment of a specific problem only?

Have you had regular preventive dental care in the past?_____

When was your last dental appointment?_____

Do you feel that saving your teeth is worth the effort?_____

Are you satisfied with the appearance of your smile?_____

If you could change anything about your smile, what would it be?_____

Do you care if metal fillings show?_____

Have you ever had orthodontic treatment (braces)?_____

Have you ever had any wisdom teeth removed?_____

Do you wear a removable partial or denture?_____Year made_____

If yes, are you satisfied with it?_____

Have there ever been any injuries to your mouth?_____

Are your gums ever sore or do they bleed?_____

Do you have any loose teeth?_____

Have you ever been told that you have gum disease (pyorrhea)?_____

Do you have any sore or sensitive teeth?_____

Do you ever notice sounds or pain in the jaw joint?_____

Have you ever been told that you have a problem with your bite?_____

Do you clench or grind your teeth?_____

Have you ever had any trouble with previous dental treatment?_____

Do you have any other concerns that we should know about?_____

MEDICAL HISTORY

Are you in good health?_____

Are you in the regular care of a physician?_____

If so for what?_____

Have you been in the hospital in the last 2 years?_____

Do you take any medications?_____

Do you use tobacco in any form?_____ How much?_____

Are you allergic to any medications?_____

Have you ever had any excessive bleeding problems?_____

Have you ever had a bad reaction to a medication?_____

(Women) Are you pregnant now or trying?_____

Have you had any of the following:

Heart Trouble

Fainting

Chest Pain

High Blood Pressure

Heart Murmur

Cancer

Kidney Trouble

Asthma

Venereal Disease

Diabetes

Heart Attack

Liver Disease

Arthritis

Rheumatic Fever

Seizures

Epilepsy

Hepatitis

Stroke

Ulcers

Jaundice

AIDS

Do you have any other health problems that we should know about?_____

Patient's Signature_____

Drs Eisenman & Blair
1101 Norton Road
Galloway, Ohio 43119
614-878-8303

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I have received your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name _____

Relationship to Patient _____

Signature: _____

Date _____

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason:
_____	_____	_____

Tell Us About You...

The better we understand you, the better we can serve you. We don't like to make assumptions or guess about what makes you tick. Please make a mark along each scale below to indicate your opinion or preference.

I know a great deal about my dental condition		I know very little about my dental condition
I like to be presented with fewer options		I like to be presented with more options
I tend to look at the details		I tend to look at the big picture
I prefer long-lasting solutions which may cost more		I prefer more temporary solutions at lower cost
I prefer to talk in technical terms with my dentist		I prefer to talk in non-technical terms
My insurance largely determines the extent of my care		I largely determine the extent of my care
I prefer to wait until I must act		I usually see no reason to delay care
I rely more on self-maintenance		I rely more on professional maintenance
I like newer and more modern techniques		I prefer tried and true methods
I favor a treatment-oriented approach to disease		I favor a cause-oriented approach to disease

In order of importance, I generally consider the following **benefits** (please rank 1 through 7 or 8):

___ Comfort	___ Appearance	___ Peace of Mind
___ Function	___ Precision	
___ Durability	___ Health	___ Other _____

In order of importance I generally weigh the following **costs** (please rank 1 through 5 or 6):

___ Money	___ Time	___ Personal Effort
___ Physical Discomfort	___ Fear / Anxiety	___ Other _____

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Facts About Dental Insurance

As an optimal-care dental practice, we strongly believe our patients deserve the best possible dental services we can provide. In an effort to maintain a high quality of care, we would like to share some facts about dental insurance with you.

Fact #1: Your dental insurance is based upon a contract between your employer and the insurance company. Should questions arise regarding your dental insurance benefits, it is best for you to contact your employer or the insurance company directly.

Fact #2: Dental insurance benefits differ greatly from traditional medical health insurance benefits and can vary quite a bit from plan to plan. When dental insurance plans first appeared in the early 1970's most plans had a yearly maximum of \$1000. Today, some 30+ years later, most plans still have an annual maximum of \$1000. That the premiums remained the same, allowing for a conservative yearly rate of inflation, your yearly plan maximums should be in excess of \$4500 today. Your premiums have increased, but your benefits have not. Therefore, dental insurance was never set-up to cover your services 100%; it is only an aid.

Fact #3: You may receive a notification from your insurance company stating that dental fees are "higher than usual and customary." Insurance companies never reveal how they determine "usual, customary and reasonable" (UCR) fees. A recent survey done in the state of Washington found at least eight different UCR fee schedules for one zip code in the Seattle area. The fees are somehow determined by taking "a percentage" of an average fee for a particular procedure in a geographic area. Average has been defined as "the worst of the best" or "the best of the worst." *We do not provide average dentistry nor do we charge average fees.*

Fact #4: Many plans tell their participants that they will be covered "up to 80% or up to 100%," but do not clearly specify plan fee schedule allowances, annual maximums, or limitations. It is more realistic to expect dental insurance to cover 35 to 50 of major services. Remember, the amount a plan pays is determined by how much the employer paid for the plan. You get back only what your employer puts in, less the profits of the insurance company.

Fact #5: Many routine dental services are not covered by insurance companies. This does not mean they aren't necessary or appropriate, just not covered.

We feel that dental insurance can be a great benefit for many patients and want you to know we will do everything in our power to insure that you get every benefit dollar you are entitled to. However, the treatment we recommend and *the fees we charge will always be based on your individual need, not your insurance coverage.* The ultimate decision as to what will be done and how fast we proceed will always be made by you. Based on your decision, we will discuss the total cost of treatment and what assistance you can expect from your dental insurance. 'All arrangements are strictly between you and our office. The full responsibility for payment of services rendered will always be with you.

NOTICE OF PRIVACY PRACTICES (DENTAL)

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

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include teeth cleaning services.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of JANUARY 1, 2002 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

For more information about HIPAA
or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775