

IF YOU HAVE A MANAGED CARE CONTRACT, YOU MUST COMPLETE ALL THE FOLLOWING INFORMATION

MANAGED CARE CONTRACT INFORMATION

NAME OF CONTRACT CO. _____

GROUP NAME OR PLAN NUMBER _____

DATE OF ENROLLMENT IN MANAGED CARE CONTRACT _____

NAME OF CONTRACT SUBSCRIBER _____

PLEASE CIRCLE RELATIONSHIP OF PATIENT TO SUBSCRIBER: SELF SPOUSE CHILD

SUBSCRIBER SS# _____ SUBSCRIBER ID# _____

PREVIOUS PROVIDER NAME _____

PREVIOUS PROVIDER ADDRESS _____

CITY _____ STATE _____ ZIP _____

DO YOU HAVE THE OPTION TO SELECT STANDARD DENTAL INSURANCE? CIRCLE YES NO

WHAT MONTH DOES YOUR EMPLOYER OFFER THIS ALTERNATIVE? _____

IF YOU HAVE DENTAL INSURANCE OR ANOTHER MANAGED CARE CONTRACT,
PLEASE COMPLETE ALL THE FOLLOWING INFORMATION

SECONDARY DENTAL INSURANCE COVERAGE

NAME OF INSURANCE CO. _____

ADDRESS TO SEND INSURANCE CLAIMS: _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

NAME OF INSURED SUBSCRIBER _____

PLEASE CIRCLE RELATIONSHIP OF PATIENT TO SUBSCRIBER: SELF SPOUSE CHILD

POLICY/GROUP NUMBER _____ INSURED SS# _____

WHEN WAS THE LAST TIME YOUR INSURANCE BENEFITS WERE UPDATED? _____

WHAT MONTH DID YOUR BENEFITS RENEW FOR ANOTHER CALENDAR YEAR? _____ DATE OF BENEFIT RENEWAL _____

PLEASE TURN OVER TO BACK PAGE AND SIGN

MANAGED CARE CONTRACT/SIGNATURE ON FILE

Dental Health Centers of America, Inc. has contracted with your Managed Care Contractor to provide a limited number of dental services for a specific fee amount. **YOU DO NOT HAVE DENTAL INSURANCE AS NEITHER DHCA OR YOU WILL RECEIVE REIMBURSEMENT FROM YOUR MANAGED CARE CONTRACTOR FOR THE SERVICES RENDERED.** DHCA does receive a monthly capitation amount to provide reduction of fees for contracted services. These contracted services are Primary Services intended to provide basic dental care to patients whose dental health status in the opinion of the dental professional requires dental care. The Primary Services do not include elective procedures or the customization available in Advanced Services. These procedures are available to you but for non-contracted fees that all patients would be charged for similar services. In addition, your dental health status may not allow the dental professional to recommend Primary Services and therefore requires Advanced Services to meet your dental health needs. In these instances, the dental professional's decisions are respected and cannot be influenced or interfered with by the Managed Care Contractor. This is part of the doctor-patient relationship. Of course, you are entitled to a full Informed Consent about your presented treatment recommendations, treatment alternatives and a second opinion by another dental professional if you choose.

DHCA is providing the following information to prevent misunderstandings between patients and its employees, as well as the dental professionals:

1. You are responsible to understand the contract limitations and services provided in their contract. Patient coordinators will assist the patient with as much information as readily available to them. Dental professionals are not informed about your contract.

2. You are responsible to have your Managed Care Contractor contact DHCA prior to each and every one of your appointments to verify participation in the Managed Care Contract. Patient coordinators will not contact your Managed Care Contractor. You must call your verification number and have their representative contact your providing office to verify participation. Otherwise, you agree that you are responsible for the normal office fees for your services if your participation is null or unverifiable.

3. If DHCA is your selected provider, services provided outside your selected office are not DHCA's responsibility. Procedures not contracted for are charged at the normal office fee.

4. The cost of gold for laboratory services creates an additional charge unless otherwise stated by the Managed Care Contract.

5. Broken, failed or rescheduled appointments with less than 48 hours notice will be charged in accordance with the Managed Care Contract. DHCA will contact the Managed Care Contractor to retain the patient until the charge is paid, thereby preventing dental care outside of the selected dental office.

6. Patient co-payments for contracted services are due at the time of services without exception. DHCA provides several payment options for your convenience. **Billing for these services is not offered.**

7. Payment plans are available for non-contracted services billed at the normal office fees. Patient coordinators will make these arrangements, otherwise payment in full at the time of service is expected.

I acknowledge that I have read the above information and have had the opportunity to ask questions about its content. I accept the obligations created between DHCA and myself as the selected provider office. I accept full financial obligation for the services that I agree to receive as recommended by the dental professionals at this office.

NAME OF PATIENT _____ DATE _____

SIGNATURE OF PATIENT OR GUARDIAN _____