Your First Visit to North Potomac Smiles

As a new patient scheduled for a regular check-up appointment, you will first be seen by one of our dental hygienists. We ask that you fill out your paperwork online prior to your first visit, and upon your arrival you will sign your forms before being taken to a dental room. If you had radiographs (x-rays) taken more than a year ago we will require a new set of bitewings (4 small films) and a panoramic radiograph (the one that goes around your head) as part of the examination. Your dental hygienist will then proceed to examine your gums.

- If your gums are relatively healthy with minimal plaque or tartar you will most likely have a “regular cleaning,” also known as dental prophylaxis. This is a preventive cleaning procedure to be performed on relatively healthy gums.

- If your gum examination reveals evidence of active disease, meaning they bleed, have heavy tartar, dental pockets and bone loss, you will not receive a dental prophylaxis. You will need to schedule another appointment time slot where a “deep cleaning” will be initiated should you decide to treat your condition. Deep cleaning appointments are typically two separate 1-hour appointments. At each appointment you will have local anesthesia, and your hygienist will spend most of the time removing all the tartar responsible for your condition from one half of your mouth.

If you scheduled an emergency appointment or a Limited Oral Evaluation to address one particular issue or concern, you will most likely see the dentist on your first visit. The dentist will proceed to address your concern and most likely take a radiograph (x-ray) to help diagnose the problem. *You will not receive neither a full dental examination nor a dental cleaning at this type of appointment.*

It is extremely important to be prompt with your appointment time slot. If you are late this will result in limited time available to perform your examination/desired treatment. If you are unable to meet your scheduled appointment, please give us at least 24 hours notice so that others who are in need of dental treatment can be accommodated during your unused time slot.

We are looking forward to meeting you soon and taking care of your dental health needs.
NPS Financial Policies

These policies were created in order to deliver the quality dental care that you deserve, and to protect both the patient and the practice from miss-understandings that may occur with any third party (insurance) billing arrangement.

- We participate with many dental PPO plans; therefore we are IN-NETWORK with those plans. This means insurance plans have already negotiated with us a discounted fee on your behalf. If you are unsure of your in-network status, please verify with your carrier.

- Before your first visit we will ask if you have dental insurance and for you to provide us with your insurance group number as well as subscriber number (for some insurance companies it is your social security number). It is important that you provide us with this information prior to your first visit so that we can verify your insurance coverage, benefits, and limitations in order to give you an accurate out-of-pocket estimate for appointments or treatments.

- We will never perform any treatment without giving you an estimate. We try our best to be as accurate as possible; however when dealing with third party payers (your insurance company) there can be times when the out-of-pocket expense may change.

- For any procedure or treatment you choose to have done, you as the patient are ultimately responsible for the balance. Your estimated co-payment is due at the time of service. If your insurance company does not cover part or all of your treatment for any reason, the unpaid balance is your responsibility. Estimates given prior to treatment are based on the information your insurance company provided us at the time we verified your coverage. If the insurance company pays more than expected then you will be credited the difference. If your insurance company pays less than expected you will be billed, and you will be responsible for the balance.

- Any balance that is 30 days past due will incur a 1.5% monthly interest rate charge and will be sent to a collections agency if not paid in a timely manner.

- Any broken appointment without 24 hours notice will incur a $50 broken appointment fee charge. As a courtesy to our office and other patients in need of dental care, please contact us in advance if you cannot make your scheduled time slot.

We are delighted to have you as part of our dental family, and we are here to always help you make the right dental or financial choice when you decide on treatment.
Our Strict OSHA compliant infection control practices

The Dentist and staff of our practice are working very hard to protect our patients and ourselves from the spread of infection. As you already know, we learn more and more about the prevention of the transmission of infectious disease such as AIDS, hepatitis and tuberculosis; we have upgraded our infection control practices to insure the safety of our patients and staff.

OSHA has mandated very strict guidelines for the prevention of infection transmission in the dental office. We are working very hard to comply with these regulations. You will note changes in the routine during your treatment visit. You will notice we are using disposable supplies whenever possible; we are wearing facemasks, safety glasses and gloves and we are following the strictest sterilization and disinfection practices. In addition, we are using the heat pressure method of sterilization for instruments and hand pieces. We are proud of our achievements in this area.

We are strongly committed to delivering the best treatment in the safest possible facility. It is your right to be protected against all preventable risks.

We welcome your input and encourage you to feel free to discuss this matter. Please let us know if we can provide further information.

Thank you,

The Dentist and Staff of NORTH POTOMAC SMILES
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect (04/15/03), and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.
**Persons Involved In Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person’s involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

**Abuse or Neglect:**

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

**PATIENT RIGHTS Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you $.50 for each page, $10.00 for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)
Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. {You must make your request in writing.} Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Dr. Nadim E Kodsi
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