Western Sierra Medical Clinic
Better Health Together

# Dental Pediatric New Patient Registration

wsmcmed.org

## PATIENT INFORMATION

| o Mr. o Mrs. o Miss | Last Name | First Name | Middle |
|---|---|---|---|
| Home Address (Number and Street) | | Mailing Address (if different) | |
| City | State | Zip Code | Patient Employed By |
| Home Phone ( ) | Work Phone Ext. # ( ) ( ) | Date of Birth | Patient Social Security Number -- -- |

Race (check one): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian ☐ Other Pacific Islander ☐ White ☐ Unreported/Refused to Report

| What is your ethnicity? ☐ Hispanic ☐ Non-Hispanic | Family Size (per household) | Annual household income | Primary Language |
|---|---|---|---|
| Sexual Orientation: ☐ Lesbian or Gay ☐ Straight (not lesbian or gay) ☐ Bisexual ☐ Something else ☐ Don't know ☐ Choose not to disclose | | Gender Identity: ☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male ☐ Other ☐ Choose not to disclose | |
| US Citizen? ☐ Yes ☐ No<br>Naturalized Citizen? ☐ Yes ☐ No | Are you a Veteran? ☐ Yes ☐ No | Are you a Seasonal Agricultural and Migratory Worker? ☐ Yes ☐ No | Are you Homeless? ☐ Yes ☐ No |
| In Case of Emergency Notify | Relationship to Patient | Work Phone Ext. # ( ) ( ) | Home Phone ( ) |

Is anyone else authorized to bring your child in for a visit? (If so, Name and Relationship to Patient)

Does this person have legal authority to consent to treatment, and receive protected health information pertaining to your child? ☐ Yes ☐ No

## GUARANTOR – PERSON RESPONSIBLE FOR PAYMENT

| o Mr. o Mrs. o Miss | Last Name | First Name | Middle | Relationship to Patient | Home Phone ( ) |
|---|---|---|---|---|---|
| Billing Address (if different from Patient's) | | City | State | | Zip Code |
| Employed By | | Job Title/Department | | Work Phone Ext. # ( ) ( ) | |
| Employer Address (Number and Street) | | Guarantor's Social Security # -- -- | | Guarantor's Date of Birth | |
| City | | State | | Zip Code | |

## PRIMARY INSURANCE INFORMATION

| Primary Insurance Company | Group Number | Subscriber I.D. |
|---|---|---|
| Subscriber Name | Subscriber Date of Birth | Plan Name and Number |

## SECONDARY INSURANCE INFORMATION

| Secondary Insurance Company | Group Number | Subscriber I.D. |
|---|---|---|

Western Sierra Medical Clinic does not discriminate on the basis of race, color, national origin, sex, age or disability, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, or gender identity or expressions.

This page is intended to be blank.

Western Sierra Medical Clinic
a california health+ center

# Dental New Patient Questionnaire

wsmcmed.org

**Patients Name:** ______________________________ **Date of Birth:** _____________________

## Personal Medical History:

**Check yes or no to indicate whether you have had any of the following (*circle to add needed information*):**

| | | | | | |
|---|---|---|---|---|---|
| Yes ☐ | No ☐ | AIDS/HIV Positive | Yes ☐ | No ☐ | Heart problems/Heart Surgeries |
| Yes ☐ | No ☐ | ADD | Yes ☐ | No ☐ | Hemophilia/Abnormal bleeding/Blood Disease |
| Yes ☐ | No ☐ | Anaphylaxis | Yes ☐ | No ☐ | Hepatitis A/B/C |
| Yes ☐ | No ☐ | Anemia | Yes ☐ | No ☐ | Herpes |
| Yes ☐ | No ☐ | Anxiety | Yes ☐ | No ☐ | High Blood Pressure |
| Yes ☐ | No ☐ | Arthritis, Rheumatism | Yes ☐ | No ☐ | Immunizations |
| Yes ☐ | No ☐ | Artificial joints (Hip/Knee/Shoulder) | Yes ☐ | No ☐ | Kidney disease or malfunction |
| Yes ☐ | No ☐ | Asthma | Yes ☐ | No ☐ | Liver disease |
| Yes ☐ | No ☐ | Atopic (allergy prone) | Yes ☐ | No ☐ | Material allergies (latex/wool/metal/chemicals) |
| Yes ☐ | No ☐ | Autism Spectrum | Yes ☐ | No ☐ | Neurological Disorders |
| Yes ☐ | No ☐ | Back problems | Yes ☐ | No ☐ | Radiation treatment |
| Yes ☐ | No ☐ | Blood disease | Yes ☐ | No ☐ | Rapid weight gain or loss |
| Yes ☐ | No ☐ | Cancer: ____________________ | Yes ☐ | No ☐ | Respiratory disease/COPD/Shortness of breath |
| Yes ☐ | No ☐ | Chemotherapy | Yes ☐ | No ☐ | Rheumatic/Scarlett fever |
| Yes ☐ | No ☐ | Circulatory problems | Yes ☐ | No ☐ | Shingles |
| Yes ☐ | No ☐ | Cortisone treatments | Yes ☐ | No ☐ | Spina Bifida |
| Yes ☐ | No ☐ | Cough up blood | Yes ☐ | No ☐ | Stroke |
| Yes ☐ | No ☐ | Cough, persistent | Yes ☐ | No ☐ | Surgical implant |
| Yes ☐ | No ☐ | Dementia | Yes ☐ | No ☐ | Swelling of feet or ankles |
| Yes ☐ | No ☐ | Depression | Yes ☐ | No ☐ | Thyroid disease or malfunction |
| Yes ☐ | No ☐ | Diabetes | Yes ☐ | No ☐ | Tobacco habit |
| Yes ☐ | No ☐ | Dialysis | Yes ☐ | No ☐ | Tonsillitis |
| Yes ☐ | No ☐ | Epilepsy/Seizures | Yes ☐ | No ☐ | Tuberculosis |
| Yes ☐ | No ☐ | Fainting | Yes ☐ | No ☐ | Ulcer/Colitis |
| Yes ☐ | No ☐ | Glaucoma | Yes ☐ | No ☐ | Venereal disease/STD |
| Yes ☐ | No ☐ | Headaches/Migraines | Yes ☐ | No ☐ | Other Medical condition not listed: ____________________________________ |
| Yes ☐ | No ☐ | Heart murmur/Mitral Valve Prolapse | | | |

**Women:** Are you pregnant? Yes ☐ No ☐ Nursing? Yes ☐ No ☐ Taking Birth Control? Yes ☐ No

## Bisphosphonate Intake/Osteoporosis Treatment:

Are you being treated for osteoporosis (pills, injections, or any other type)? Yes ☐ No ☐

If yes, name of medication and/or treatment: ________________________________________________________

Date of last intake and/or treatment: ______________________________________________________________-

Physicians Name: ____________________________Phone: ___________________Date of last visit: ____________

Western Sierra Medical Clinic does not discriminate on the basis of race, color, national origin, sex, age or disability, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, or gender identity or expressions.

## Personal Dental History:

Please indicate your chief concern: ______________________________________________________________

Are you in dental discomfort today? Yes ☐ No ☐

Please check yes or no if you have or have had problems with any of the following.

Yes ☐ No ☐ Bad breath
Yes ☐ No ☐ Bleeding gums
Yes ☐ No ☐ Clicking or popping jaw/pain
Yes ☐ No ☐ Food collection between teeth
Yes ☐ No ☐ Grinding or clenching teeth
Yes ☐ No ☐ Loose teeth or broken fillings
Yes ☐ No ☐ Periodontal treatment
Yes ☐ No ☐ Sensitivity to cold
Yes ☐ No ☐ Sensitivity to hot
Yes ☐ No ☐ Sensitivity to sweets
Yes ☐ No ☐ Sensitivity when biting
Yes ☐ No ☐ Sores or growths in mouth

How often do you brush? __________How often do you floss? ______

How do you feel about the appearance of your teeth? ___________________________________________________

Have you experienced an adverse reaction during/in conjunction with a medical or dental procedure? Yes ☐ No ☐

If so, explain: ________________________________________________________________________________

Other information about your dental health or previous treatment: ______________________________________

______________________________________________________________________________________________

List current medications: _________________________________________________________________________

______________________________________________________________________________________________

List all known allergies: __________________________________________________________________________

______________________________________________________________________________________________

List hospital visits/surgeries: ______________________________________________________________________

______________________________________________________________________________________________

Do you use any drugs, such as marijuana (cannabis), cocaine, heroin, etc.?

| Name | Past Use | Currently Using |
|---|---|---|
| | | |
| | | |
| | | |

_____ **(Patient initials)** I have received a copy of the Dental Materials Fact Sheet as required by law.

## Authorization:

I have reviewed the information on this questionnaire, and it is accurate to the best of my knowledge. I understand that this information will be used by the dentist to help determine appropriate and healthful dental treatment. If there is any change in my medical status, I will inform the dentist.

I authorize the insurance company indicated on this form to pay to the dentist all insurance benefits otherwise payable to me for services rendered. I authorize the use of this signature on all insurance submissions. I authorize the dentist to release all information necessary to secure the payment of benefits. I understand that I am financially responsible for all charges whether or not paid by insurance.

________________________________ ________________________________ ____________

Print Patient or Parent/Guardian Name Patient or Parent/Guardian Signature Date

Western Sierra Medical Clinic does not discriminate on the basis of race, color, national origin, sex, age or disability, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, or gender identity or expressions.

Western Sierra
Medical Clinic
Better Health Together

# Consent to Treatment

wsmcmed.org

________________________________________ ________________________________

**Patient's Name** **Date of Birth**

The undersigned, as the above patient or as the parent, legal guardian or legal representative of the above patient, hereby consents to treatment of the above patient by Western Sierra Medical Clinic (WSMC) and its dental providers and dental staff.

Treatment may include any necessary examination, x-ray, test or medical procedure a WSMC dental provider in the exercise of his/her best judgment may deem advisable for the above patient to be performed by WSMC dental staff. I understand and acknowledge this authorization is given in advance of any specific diagnosis, treatment or procedure being required to provide specific consent to any and all such diagnosis, treatment or procedure a WSMC dental provider in the exercise of his/her best judgment may deem advisable for the above patient.

I understand the above patient may ask questions and have all questions answered and also may refuse treatment at any time.

This authorization shall remain effective for one year from the date signed, unless sooner revoked in writing.

| ____________________________ | ____________________________ | ____________ |
|---|---|---|
| **Patient, Parent, Legal Guardian or Legal Representative Guarantor Signature** | **Print Full Name** | **Date** |

Western Sierra Medical Clinic does not discriminate on the basis of race, color, national origin, sex, age or disability, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, or gender identity or expressions.
6-8-17

Western Sierra Medical Clinic
a california health+ center

# Dental "No Show" Policy

wsmcmed.org

I understand that Western Sierra Medical Clinic has an established "No Show" policy as part of its commitment to providing quality care to all patients of the clinic. A "No Show" is when I cancel an appointment with less than 24 hours advance notice or I do not show up for a scheduled appointment.

For all dental services, I understand that after two "No Shows" within one year I will not be able to schedule another appointment, and may not be permitted to receive care at WSMC.

I understand it is crucial for my oral health that I show up for my scheduled appointments and that I show up on time – 15 minutes or earlier. I also acknowledge as part of my commitment that I need to notify WSMC at least 24 hours prior to my scheduled appointment if I am unable to keep it. This way, other WSMC patients can fill those slots in your absence to get the care they need.

We would like to thank you in advance for your understanding and compliance with our scheduling policies, which help improve our ability to provide care for our community. WSMC values you as a patient and we are committed to caring for your oral health needs.

Effective health care is a two-way street and we look forward to working with you. Please let us know if you would like to discuss any aspect of this "No Show" policy.

I received, read and understand the WSMC policies about "No Shows."

| ______________________________ | ______________________________ | ________________ |
|---|---|---|
| **Print Patient or Parent/Guardian Name** | **Patient or Parent/Guardian Signature** | **Date** |

Western Sierra Medical Clinic does not discriminate on the basis of race, color, national origin, sex, age or disability, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, or gender identity or expressions. 6-8-17

# New Pediatric Patient Confirmations



**Print Patient Name**: ___________________________________________ **Date of Birth**: _____ /_____ /_____

*Most of these consents, policies, and disclosures refer to a page number in the "New Patient Welcome Packet"*

**Notice of Privacy Practices**
______ (Patient Initials) WSMC's Notice of Privacy Practices is posted in the lobby of each WSMC facility and on the WSMC website. A copy can be furnished to you upon request. I read and understand WSMC's Notice of Privacy Practices.

**No-Show Policy**
______ (Patient initials) I received, read and understand the WSMC policies about "No Shows."**(Page 3)**

**Patient's Rights and Responsibilities**
______ (Patient initials) I received, read and understand the Patient's Rights and Responsibilities. **(Pages 4 & 4a)**

**Notice and Acknowledgement of Prescription Protocol**
______ (Patient initials) I received, read and understand WSMC policy regarding controlled substances **(Page 5)**

**Consent for Billing, Release and Assignments**
______ (Patient initials) All co-payments, deposits and sliding fees are due and payable at the time of check-in. I assign all insurance payments to be made directly to WSMC. This authorization and assignment is a permanent, one-time consent. I reserve the right to revoke this at any time with my written notice. **(Pages 6 & 6a)**
______ (Patient initials) I authorize the release of information from approved claim forms to an insurer or authorized agency as well as medical information needed to determine benefits or benefits payable to related services. I also permit a copy of this authorization to be used in place of the original.

**Consent to Test in the Event of Accidental Health Provider Exposure to Potential Blood-borne Pathogens**:
______ (Patient initials) I consent to the performance of a blood test if my health provider is accidentally cut or suffers a needle stick in the course of my treatment.

**Verification that you have received the "New Patient Welcome Packet"**
______ (Patient initials) I received, understand and agree with all of the information in the New Patient Welcome Packet.

**Specialty Care Services**
______ (Patient initials) Patients who have at least one visit annually with a WSMC provider for primary health care enjoy priority scheduling for specialty care offered through WSMC. If you are not a WSMC primary care patient who had at least one visit annually with a WSMC provider, or you transfer to an outside primary care provider, your appointment for WSMC specialty care, such as dental and Behavioral Health, may be delayed and you may be placed on a waiting list to receive specialty care. I have received, read and understand WSMC's Specialty Care Services policy.

**Notices, policies and procedures subject to change**
_______ (Patient initials) The above notices, policies and procedures are subject to change.

**Can confidential messages be left on your voice mail?** ______ Yes ______ No

**Signature of Patient, Parent or Legal Guardian**: ___________________________________**Date** ___ /___ /_____

WSMC Staff Signature: _________________________________________________________________

Western Sierra Medical Clinic does not discriminate on the basis of race, color, national origin, sex, age or disability, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, or gender identity or expressions.

# New Pediatric Patient Welcome Packet



**Welcome to Western Sierra Medical Clinic!**

Western Sierra Medical Clinic, Inc. (WSMC) has been providing health care services in our community since 1979. From health centers in Downieville and Grass Valley, we have added a site in Penn Valley and expanded into Placer County with locations in Auburn and Kings Beach-Tahoe. While we have grown, our mission to provide high quality health care, regardless of a patient's' ability to pay, has remained constant. We have a team of first-rate medical, dental and behavioral health providers who are part of the community and are committed to each patient's health and wellness.

**Important Patient Information**

The contents of this packet spell out the policies, conditions and requirements for a patient at WSMC. It is important for every patient to read and confirm their acceptance of specific policies, disclosures and consents listed on the New Patient Confirmations form. These are requirements of WSMC and the laws and regulations that govern health center operations.

**After-hours Emergencies**

If you experience an after-hours emergency, you may call a Western Sierra Medical Clinic on-call provider by calling the health center where you receive care.

Western Sierra Medical Clinic
Better Health Together

wsmcmed.org 530-274-WSMC

ADMINISTRATIVE OFFICE
844 Old Tunnel Road | Grass Valley, CA 94945
530-273-4984 | FAX: 530-273-7255

**Board of Directors**

*Chair*
Larry Allen

*Vice-Chair*
Scott Browne

*Treasurer*
Derek Williams

*Secretary*
Anita Daniels

Doug McDonald

Katherine Medeiros

Phyllis Murdock

Dr. Rob Oldham

Brandon Pangman

Dr. Jon Peek

Lupe Peterson

Don Russell

**Executive Management**

*Chief Executive Officer*
Scott McFarland

Welcome to Western Sierra Medical Clinic!

I want to personally welcome you to our full-service health center. For many years, we have been providing compassionate, quality care. You are a vital member of our community, and your health matters to us.

Our health center has provided comprehensive care for more than 40 years to patients of a variety of ages, conditions and insurances. We are excited to extend our commitment to excellent care to you.

I have worked as a physician in this community for many years with a mission to relieve suffering and improve health. As Chief Medical Officer, I am devoted to continuing a tradition of "*better health together*" to an ever-growing population, which now includes you!

Our caring, well-trained medical staff are dedicated to helping you stay as healthy as possible by providing wellness care, dental care, behavioral health, chronic disease management, pharmacy services, and, for unexpected medical issues, urgent care.

We look forward to meeting you.

Sincerely,

Christina Lasich, MD
Chief Medical Officer

Western Sierra Medical Clinic does not discriminate on the basis of race, color, national origin, sex, age or disability, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, or gender identity or expressions.

Rev. 1-4-18

**WSMC has established a "No-Show" policy in order to maintain quality health care to all patients of the health center.**

## Medical

For Medical services, a no-show is when a patient calls and cancels an appointment less than 24 hours before the appointment or the patient does not show up for a scheduled appointment.

- After two no-shows, a patient will be placed on scheduling probation, which means the patient will be able to schedule appointments but must call and confirm the appointment the day before.
- If the patient does not confirm the appointment, the appointment will be cancelled.
- If the patient shows for the unconfirmed appointment, the patient will not be seen.
- If the patient does not show for an appointment after confirming it, the patient will be considered for discharge from the practice.
- After a patient on scheduling probation demonstrates a pattern of attending appointments consistently, he or she can be considered for removal from scheduling probation.

## Dental

For all Dental services, after two no-shows within one year (cancelled appointment with less than 24 hours' advance notice and/or not showing up for a scheduled appointment), the patient will not be able to schedule another appointment and may not be permitted to receive care at WSMC.

## Behavioral Health

For Behavioral Health services, if a patient does not show for an appointment once, he or she will not be able to schedule another appointment and instead would be on stand-by status (the patient can come in and wait for an opening to occur) or call-in status (call in the morning to see if there is an opening on the same day). If a patient fails to show for a call-in appointment, he or she can be considered for discharge from Behavioral Health services (although he or she could still be seen for medical and dental services).

# Patient's Rights and Responsibilities



Western Sierra Medical Clinic (WSMC) is committed to providing quality of care to our clients and their families. We encourage patients to be aware of their rights and responsibilities as listed below:

## You Have the Right to:

1. Receive considerate, respectful, and culturally appropriate care based on professional standards of practice.
2. Receive services without discrimination on the basis of race, color, sex, marital status, religion, age, handicap, sexual orientation or preference, national origin, ancestry or diagnosis.
3. Establish advance directives and participate in ethical decision making.
4. Receive an explanation of your diagnosis, treatment, and prognosis in terms and language you can understand.
5. Receive the necessary information to participate in decisions about your care and to give your informed consent before any diagnostic or therapeutic procedure is performed.
6. Refuse any treatment, except as prohibited by law, and to be informed of the consequences of making this decision, which may include informing Children, Youth, and Family Services or Protective Services.
7. Expect that your personal privacy will be respected by all staff.
8. Expect that your medical records will be kept confidential and information will be released only with your written consent, in cases of medical emergencies, or in accordance with law.
9. Know WSMC policy for accessing and disclosing information in your medical records and reviewing your medical record, upon request, at a mutually designated time.
10. Receive a full explanation of any research or experimental procedure proposed for treatment and the opportunity to give your informed consent before any procedure will begin.
11. Know the name and qualification of all individuals providing service and how to contact that person.
12. Obtain another medical opinion prior to any procedure.
13. Have your legal custodian access your written medical records by appointment.
14. Ask for and receive information on your financial liability and an explanation of charges, including services that will be charged to your insurance.
15. File a complaint about services rendered without fear of discrimination from WSMC by submitting a written complaint or by calling WSMC's Chief Communications Officer at (530) 273-4984 ext. 106 between 8:30 a.m. and 4:30 p.m.

Western Sierra Medical Clinic does not discriminate on the basis of race, color, national origin, sex, age or disability, ethnicity, religion, culture, language, sex, physical or mental disability, socioeconomic status, sexual orientation, or gender identity or expressions.

**You are Responsible for:**

1. Providing accurate personal, financial, insurance and medical information, including all medications and treatments, necessary to establish and follow your plan of care.
2. Asking questions if you do not understand the explanation of your diagnosis, treatment, prognosis or any instructions.
3. Informing WSMC of any requirements or accommodations needed to meet your cultural and/or language needs.
4. Following rules and regulations that are posted within WSMC while in the facility.
5. Not carrying any type of weapons when receiving treatment.
6. Not harming or being abusive to other persons including WSMC staff.
7. Keeping all scheduled appointments, arriving on time, and being able to participate in treatment.
8. Notifying WSMC with 24 hours' advance notice or as soon as you are aware that you cannot keep an appointment.
9. Informing WSMC health care professionals regarding any changes or reactions to medication and/or treatment.
10. Paying for services promptly including co-payments and total of cash charges at the time of service.
11. Advising WSMC of any problems or dissatisfaction with the service being provided.
12. Extending to WSMC staff the same courtesy given to you.
13. Developing and participating in your treatment planning.
14. Providing for the supervision and safety of your children while in the facility.
15. Keeping WSMC apprised of your current contact information.
16. Not videotaping or recording any WSMC staff.

Western Sierra Medical Clinic does not discriminate on the basis of race, color, national origin, sex, age or disability, ethnicity, religion, culture, language, sex, physical or mental disability, socioeconomic status, sexual orientation, or gender identity or expressions.

# Notice and Acknowledgement of Prescription Protocol



As a new patient to our health center, please note that your provider will make a comprehensive assessment of your health, and will work to create a health plan to best meet your health needs.

Your provider may or may not choose to prescribe the same medications that you may have been prescribed to you in the past. Our providers utilize current best practices and information to create treatment plans. You and your provider may agree that your medical condition may benefit by the prescription of controlled medication(s). The main goal of using a controlled medication is to improve your physical and vocational functioning. If these goals are not met, the medication will be discontinued. The use of controlled medications can lead to chemical dependency and possibly addiction. You and your provider will discuss the side effects of the medication(s) and the manner by which it is to be used.

If you are already dependent on controlled substances, your provider will expect you to submit urine for a drug test at your first visit. Your provider will also check the prescription drug monitoring program to determine the history of your prescription activities in the past year.

If you are currently taking **Suboxone** or **Buprenorphine**, it will be necessary for you to be referred to our Medication-Assisted Treatment (MAT) program. This could potentially delay our ability to schedule you immediately with one of our primary care providers.

During the initial evaluation, your WSMC provider may determine that the previous medications prescribed by a different provider are not appropriate, are not safe, or are causing more harm than good. If that is the case, your WSMC provider will explain the treatment plan options, which may include referral to detoxification services, tapering doses, discontinuation of medications, alternative pain management techniques, or substituting medications. If you are not in agreement with the options presented to you, you are welcome to seek care for your condition that has been treated with controlled substances elsewhere.

When prescribed a controlled substance at WSMC you will be asked at the time of your first prescription and on an annual basis to sign a treatment agreement, which is a standardized agreement that ensures that you are aware of the expectations to keep your medications secure, to take your medications as prescribed and to avoid potential dangerous situations. A copy of this agreement is available by request.

Please sign below to acknowledge that you have read this information and agree to work within this Western Sierra Medical Clinic policy.

In our continuing efforts to provide a medical home and continuity of care, we look forward to a long and mutually beneficial health relationship.

Western Sierra Medical Clinic does not discriminate on the basis of race, color, national origin, sex, age or disability, ethnicity, religion, culture, language, sex, physical or mental disability, socioeconomic status, sexual orientation, or gender identity or expressions.

Western Sierra Medical Clinic
a californiahealth+ center



## Financial Responsibility for Health Center Services (Credit Policy)

It is the patient's responsibility to pay their share of charges provided by WSMC. This means that co-payments are due and payable at the time of appointment. Except as noted, any other balances must be paid in full within thirty (30) days of the statement date.

### Willingness to Pay

No one will be denied medical, dental or other clinic services at WSMC because of an inability to pay so long as there is a "willingness" to pay. Willingness means a commitment to follow a payment plan, as needed, in order to pay off any outstanding balance within 90 days. In the absence of a demonstrated willingness to pay, a patient's account will be assigned to an outside collection agency. When an account is sent for collection, the patient may be required to pay a deposit on the day of service prior to being seen for any future visits or be dismissed as a patient.

### Uninsured Patient Discount

WSMC offers a 20 percent discount to uninsured patients, if charges are paid in full at the time of appointment.

### Sliding Fee

For patients who qualify, a sliding scale discount may be applied for the current visit and for the next six months. A sliding scale discount may also be applied when the sliding fee application is completed for the date of service and the required proof of insurance is submitted within the 15-day calendar grace period. Please see a WSMC Billing staff member for any questions regarding the sliding fee scale.

### Assignment

WSMC cannot bill insurance carriers in situations such as an automobile accident. However, WSMC will provide information to submit a claim. WSMC accepts assignments on Medicare and Medi-Cal claims but cannot make assurances that charges will be covered by the insurance carrier.

### Patient Share of Charges

The patient/guardian/representative is responsible for co-payments, co-insurance, deductibles, and charges not covered or approved by the patient's insurance carrier, whether or not the carrier is contracted with WSMC. However, as a courtesy, non-contracted insurance carriers may be billed for reimbursement by WSMC on the patient's behalf. Insurance coverage can be confusing and WSMC staff is committed to helping patients answer any questions.

Western Sierra Medical Clinic does not discriminate on the basis of race, color, national origin, sex, age or disability, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, or gender identity or expressions.

## Identity and Insurance Verification

Patients are required to provide WSMC with correct insurance information and to verify current personal information (home address, employer, phone number, insurance cards, and photo ID) at the time of appointment check-in. **It is important that you bring proof of insurance each time you visit. Failure to do so may result in you not being seen or being required to make a full payment at the time services are rendered.**

## Payment

WSMC accepts cash, checks or major credit cards. Checks should be made payable to Western Sierra Medical Clinic.

**A $25.00 fee will be charged for the first check returned by the bank and a service fee of up to $35 for each subsequent check returned by the bank to that same payee [Cal. Civ. Code 1719 (2003)].**

## Authorization for Release and Assignment of Benefits

Payment of authorized Medicare, Medi-Cal, government and any other third party benefits made on your behalf and/or on behalf of all members covered on your insurance plan will be made directly to Western Sierra Medical Clinic, on services furnished by your health provider.

If other health insurance coverage is indicated in the CMS-1500 claim form or elsewhere on other approved claim forms or electronically submitted claims, we require your signature to authorize release of the information to the insurer or agency shown, to release medical information to determine benefits or benefits payable to related services, and to permit a copy of this authorization to be used in place of the original.

Western Sierra Medical Clinic does not discriminate on the basis of race, color, national origin, sex, age or disability, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, or gender identity or expressions.

## PORCELAIN FUSED TO METAL

This type of porcelain is a glass-like material that is “enameled” on top of metal shells. It is tooth-colored and is used for crowns and fixed bridges

### *Advantages*

- Good resistance to further decay if the restoration fits well
- Very durable, due to metal substructure
- The material does not cause tooth sensitivity
- Resists leakage because it can be shaped for a very accurate fit

### *Disadvantages*

- More tooth must be removed (than for porcelain) for the metal substructure
- Higher cost because it requires at least two office visits and laboratory services

## GOLD ALLOY

Gold alloy is a gold-colored mixture of gold, copper, and other metals and is used mainly for crowns and fixed bridges and some partial denture frameworks

### *Advantages*

- Good resistance to further decay if the restoration fits well
- Excellent durability; does not fracture under stress
- Does not corrode in the mouth
- Minimal amount of tooth needs to be removed
- Wears well; does not cause excessive wear to opposing teeth
- Resists leakage because it can be shaped for a very accurate fit

### *Disadvantages*

- Is not tooth colored; alloy is yellow
- Conducts heat and cold; may irritate sensitive teeth
- High cost; requires at least two office visits and laboratory services

**DENTAL BOARD OF CALIFORNIA**

www.dbc.ca.gov

Published by

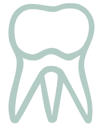
California Department of Consumer Affairs
5/04



# *The Facts About Fillings*

**DENTAL BOARD OF CALIFORNIA**

www.dbc.ca.gov



# Dental Materials Fact Sheet

## What About the Safety of Filling Materials?

Patient health and the safety of dental treatments are the primary goals of California's dental professionals and the Dental Board of California. The purpose of this fact sheet is to provide you with information concerning the risks and benefits of all the dental materials used in the restoration (filling) of teeth.

The Dental Board of California is required by law* to make this dental materials fact sheet available to every licensed dentist in the state of California. Your dentist, in turn, must provide this fact sheet to every new patient and all patients of record only once before beginning any dental filling procedure.

As the patient or parent/guardian, you are strongly encouraged to discuss with your dentist the facts presented concerning the filling materials being considered for your particular treatment.

* *Business and Professions Code 1648.10-1648.20*

## Allergic Reactions to Dental Materials

Components in dental fillings may have side effects or cause allergic reactions, just like other materials we may come in contact with in our daily lives. The risks of such reactions are very low for all types of filling materials. Such reactions can be caused by specific components of the filling materials such as mercury, nickel, chromium, and/or beryllium alloys. Usually, an allergy will reveal itself as a skin rash and is easily reversed when the individual is not in contact with the material.

There are no documented cases of allergic reactions to composite resin, glass ionomer, resin ionomer, or porcelain. However, there have been rare allergic responses reported with dental amalgam, porcelain fused to metal, gold alloys, and nickel or cobalt-chrome alloys.

If you suffer from allergies, discuss these potential problems with your dentist before a filling material is chosen.



## PORCELAIN (CERAMIC)

Porcelain is a glass-like material formed into fillings or crowns using models of the prepared teeth. The material is tooth-colored and is used in inlays, veneers, crowns and fixed bridges.

### *Advantages*

- Very little tooth needs to be removed for use as a veneer; more tooth needs to be removed for a crown because its strength is related to its bulk (size)
- Good resistance to further decay if the restoration fits well
- Is resistant to surface wear but can cause some wear on opposing teeth
- Resists leakage because it can be shaped for a very accurate fit
- The material does not cause tooth sensitivity

### *Disadvantages*

- Material is brittle and can break under biting forces
- May not be recommended for molar teeth
- Higher cost because it requires at least two office visits and laboratory services

## NICKEL OR COBALT-CHROME ALLOYS

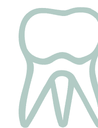
Nickel or cobalt-chrome alloys are mixtures of nickel and chromium. They are a dark silver metal color and are used for crowns and fixed bridges and most partial denture frameworks.

### *Advantages*

- Good resistance to further decay if the restoration fits well
- Excellent durability; does not fracture under stress
- Does not corrode in the mouth
- Minimal amount of tooth needs to be removed
- Resists leakage because it can be shaped for a very accurate fit

### *Disadvantages*

- Is not tooth colored; alloy is a dark silver metal color
- Conducts heat and cold; may irritate sensitive teeth
- Can be abrasive to opposing teeth
- High cost; requires at least two office visits and laboratory services
- Slightly higher wear to opposing teeth



## GLASS IONOMER CEMENT

Glass ionomer cement is a self-hardening mixture of glass and organic acid. It is tooth-colored and varies in translucency. Glass ionomer is usually used for small fillings, cementing metal and porcelain/metal crowns, liners, and temporary restorations.

### *Advantages*

- Reasonably good esthetics
- May provide some help against decay because it releases fluoride
- Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- Material has low incidence of producing tooth sensitivity
- Usually completed in one dental visit

### *Disadvantages*

- Cost is very similar to composite resin (which costs more than amalgam)
- Limited use because it is not recommended for biting surfaces in permanent teeth
- As it ages, this material may become rough and could increase the accumulation of plaque and chance of periodontal disease
- Does not wear well; tends to crack over time and can be dislodged

## RESIN-IONOMER CEMENT

Resin ionomer cement is a mixture of glass and resin polymer and organic acid that hardens with exposure to a blue light used in the dental office. It is tooth colored but more translucent than glass ionomer cement. It is most often used for small fillings, cementing metal and porcelain metal crowns and liners.

### *Advantages*

- Very good esthetics
- May provide some help against decay because it releases fluoride
- Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- Good for non-biting surfaces
- May be used for short-term primary teeth restorations
- May hold up better than glass ionomer but not as well as composite
- Good resistance to leakage
- Material has low incidence of producing tooth sensitivity
- Usually completed in one dental visit

### *Disadvantages*

- Cost is very similar to composite resin (which costs more than amalgam)
- Limited use because it is not recommended to restore the biting surfaces of adults
- Wears faster than composite and amalgam



## Toxicity of Dental Materials

### *Dental Amalgam*

Mercury in its elemental form is on the State of California's Proposition 65 list of chemicals known to the state to cause reproductive toxicity. Mercury may harm the developing brain of a child or fetus.

Dental amalgam is created by mixing elemental mercury (43-54%) and an alloy powder (46-57%) composed mainly of silver, tin, and copper. This has caused discussion about the risks of mercury in dental amalgam. Such mercury is emitted in minute amounts as vapor. Some concerns have been raised regarding possible toxicity. Scientific research continues on the safety of dental amalgam. According to the Centers for Disease Control and Prevention, there is scant evidence that the health of the vast majority of people with amalgam is compromised.

The Food and Drug Administration (FDA) and other public health organizations have investigated the safety of amalgam used in dental fillings. The conclusion: no valid scientific evidence has shown that amalgams cause harm to patients with dental restorations, except in rare cases of allergy. The World Health Organization reached a similar conclusion stating, "Amalgam restorations are safe and cost effective."

A diversity of opinions exists regarding the safety of dental amalgams. Questions have been raised about its safety in pregnant women, children, and diabetics. However, scientific evidence and research literature in peer-reviewed scientific journals suggest that otherwise healthy women, children, and diabetics are not at an increased risk from dental amalgams in their mouths. The FDA places no restrictions on the use of dental amalgam.

### *Composite Resin*

Some Composite Resins include Crystalline Silica, which is on the State of California's Proposition 65 list of chemicals known to the state to cause cancer.

**It is always a good idea to discuss any dental treatment thoroughly with your dentist.**

## DENTAL AMALGAM FILLINGS

Dental amalgam is a self-hardening mixture of silver-tin-copper alloy powder and liquid mercury and is sometimes referred to as silver fillings because of its color. It is often used as a filling material and replacement for broken teeth.

### *Advantages*

- Durable; long lasting
- Wears well; holds up well to the forces of biting
- Relatively inexpensive
- Generally completed in one visit
- Self-sealing; minimal-to-no shrinkage and resists leakage
- Resistance to further decay is high, but can be difficult to find in early stages
- Frequency of repair and replacement is low

### *Disadvantages*

- Refer to "What About the Safety of Filling Materials"
- Gray colored, not tooth colored
- May darken as it corrodes; may stain teeth over time
- Requires removal of some healthy tooth
- In larger amalgam fillings, the remaining tooth may weaken and fracture
- Because metal can conduct hot and cold temperatures, there may be a temporary sensitivity to hot and cold.
- Contact with other metals may cause occasional, minute electrical flow

**The durability of any dental restoration is influenced not only by the material it is made from but also by the dentist's technique when placing the restoration. Other factors include the supporting materials used in the procedure and the patient's cooperation during the procedure. The length of time a restoration will last is dependent upon your dental hygiene, home care, and diet and chewing habits.**



## COMPOSITE RESIN FILLINGS

Composite fillings are a mixture of powdered glass and plastic resin, sometimes referred to as white, plastic, or tooth-colored fillings. It is used for fillings, inlays, veneers, partial and complete crowns, or to repair portions of broken teeth.

### *Advantages*

- Strong and durable
- Tooth colored
- Single visit for fillings
- Resists breaking
- Maximum amount of tooth preserved
- Small risk of leakage if bonded only to enamel
- Does not corrode
- Generally holds up well to the forces of biting depending on product used
- Resistance to further decay is moderate and easy to find
- Frequency of repair or replacement is low to moderate

### *Disadvantages*

- Refer to "*What About the Safety of Filling Materials*"
- Moderate occurrence of tooth sensitivity; sensitive to dentist's method of application
- Costs more than dental amalgam
- Material shrinks when hardened and could lead to further decay and/or temperature sensitivity
- Requires more than one visit for inlays, veneers, and crowns
- May wear faster than dental enamel
- May leak over time when bonded beneath the layer of enamel