



Welcome to Our Practice!

We are pleased that you have chosen Sleep & TMJ Therapy for your TMD/Sleep/Orthodontic care. Our team is always excited to grow our practice family! Please read this document carefully, which contains important information regarding our Notice of Privacy Practices, Appointment & Financial Policy, Insurance Information and more. We believe that our dental care will have a new and pleasant meaning for you after visiting our practice.

Please let us know how we can help you feel quickly at home in our office!

Notice of Privacy Practices

Our privacy notice provides a description of healthcare operations, uses, and disclosures of your protected health information. If changes to our privacy practices occur, we will issue and post a revised notice and notification will be sent to all patients. You may obtain a copy of our Notice of Privacy Practices at any time by contacting our office directly.

Appointment Conformations

Our confirmation process guarantees all patient appointments are set and all needed documentation is complete. This will ensure a quality appointment for each patient. To assist with achieving this, we recommend that each patient arrive 10 minutes prior for their appointment. Our team appreciates your compliance and understanding. Each confirmation will occur 2 business days prior to your scheduled appointment.

Appointment Conflicts

Our goal is to provide quality individualized TMD/Sleep/Ortho care in a timely manner, without compromising high quality or providing excellent service. We want to make sure you are well informed but missing or arriving late for your appointment affects your treatment. Our scheduling goal is not to overbook ensuring a quality appointment for each patient. We do understand that sometimes conflicts arise. Below is what you can expect:

Cancellation of an Appointment

To be respectful of the needs of other patients, please call/email/text our office promptly if you need to cancel or reschedule your appointment. Please provide forty-eight (48) hours of advance notice, if possible. This will give other patients the opportunity to receive care in a timely manner.

Late Arrivals

To ensure your treatment is not rushed nor your time with the doctor, please arrive 10 minutes early to your appointed time. If late, we will always try to see you, but the scheduled treatment may not be able to be completed or your appointment may need to be rescheduled. Generally, appointments are 30 to 40 minutes in length.



Financial Policy and Insurance Information

Our office is fee for service practice, and we do not participate with any commercial or government insurance plans. Treatment costs and payment options will be reviewed at the treatment consult prior to work beginning. Our goal is to get you healthy and make it affordable.

As a courtesy, our office will do our best to obtain any needed preauthorization, predeterminations, and benefit rundown with your medical and dental insurance carriers. We will file the initial claim for the treatment and then provide you with appropriate medical (CPT) and dental (CDT) procedure codes for you to submit the adjustment claims through your insurance portal. This will provide the fastest way for your reimbursement. Keep in mind, all claims must be accepted within a 365-day period from the date of service. As the doctor is out of network, it is the responsibility of the patient/subscriber to confirm the claim has been accepted or notify us of any documentation needed. If insurance payments inadvertently are received from the carrier, you will always be notified immediately.

Unfortunately, the exception for filing initial claims is TRICARE. Due to the complex nature of their policies, we are unable to file the initial claim and subsequent claims as stated above. The treatment is considered under Point of Service (POS) and to assist, we will provide you with the appropriate coding as previously stated. The filing must be done by the patient.

Opt Out Affidavit Summarized

Since there is NO participation of any commercial or governmental insurances, with the government program known as "Medicare" or "Tricare", a required written notice to each patient is available. The affidavit terminates any participation agreements. It acknowledges that a beneficiary of the government entitlement programs requiring emergency care will not be held or asked to agree with a private contract prior to receiving care. Dr. Brown understands that no Medicare or Tricare payment will be made to this practice for services and the patient agrees to these terms.

Private Contract Agreement

I have had full opportunity to read and consider the contents of the Notice of Privacy Practices, Appointment & Financial Policy, and Insurance Information. I understand that, by signing this form, I am giving my consent to Sleep and TMJ Therapy to use and disclosure any of my protected health information to carry out treatment, insurance filings, payment activities, and health care operations.

I have had full opportunity to read and consider the contents of the Tricare & Medicare opt Out Notice. I understand that, by signing this form, I am giving my consent to Sleep and TMJ Therapy in understanding they will not file with Tricare or Medicare for the treatment by Dr Brown and the Medicare fees do not apply.

The below signature reflects understanding of our Notice of Privacy Practices, Appointment & Financial Policy, and Tricare/Medicare opt Out.
Patient and/or Legal Representative Name: _____

Signature: _____ Date: _____

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