

Midway Doctors Center
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Periodontal and Implant Specialties, Ltd.

Welcome:

Thank you for choosing Periodontal and Implant Specialties, Ltd the office of Dr. Peter B. Liaros. Every patient is unique, and we are committed to providing you with high quality care, based on your individual needs. We pride ourselves on working hard to deliver the expert care you deserve. We consider our role to be that of educators, as well as treatment providers. Your questions are always welcome and encouraged.

Please complete our welcome packet prior to your appointment, sign and date all forms. Be as detailed as possible with your health history so that we can provide the best care to you. Also, bring your insurance ID card, a valid state ID/DL and any x-rays or referral slips that your dentist may have given you.

Your first visit may include the following, but is not limited to:

- *Review of your complete dental and medical history form*
- *Review of your dental x-rays and/or taking new x-rays if required*
- *Oral and Soft Tissue exam*
- *Oral cancer Screening*

After a complete exam, Dr. Liaros will discuss the treatment and answer any questions about treatment. Our goal is to help you come to an informed decision regarding care. Our treatment coordinator will also work with you on insurance and payment arrangements to make this affordable.

All of us here at Periodontal and Implant Specialties look forward to meeting you. Above all else, we want to make your visit to our office a comfortable and pleasant experience.

Sincerely,

Periodontal and Implant Specialties, LTD

THIS IS YOUR COPY FOR YOUR RECORDS

PERIODONTAL AND IMPLANT SPECIALTIES, LTD. (OFFICE POLICY)

APPOINTMENT SCHEDULING: Most appointments are scheduled in a series. They are usually 1 to 2 weeks apart. Therefore if any appointment is cancelled or broken, the entire series may need to be rescheduled. If you need to change an appointment, we ask for you to please give us 48 hours' notice. A fee will be charge to your account for all broken appointments without notice.

EMERGENCY: If an emergency arises, please call our office immediately. We will our best to help in any way we can. If we are not in the office, our answering machine will list the phone numbers to contact the doctor.

PAYMENT PLANS/INSURANCE: We are happy to assist you in setting up a payment plan that best suits your needs. We ask that all patients sign a financial agreement before treatment begins. People that have dental insurance must realize that your employer and the type of coverage that they have decided for you determine your plan. We will submit your claims and also strongly advise a pre-determination of benefits for each patient. If you decide not to elect to wait for a pre-treatment analysis you will be asked to sign a "Waiver" agreement stating that you want to begin treatment prior to the approval of the insurance company. You must bring in all of your insurance cards and forms for your initial appointment. If the insurance company is not responding to our requests, you will be asked to call them directly. *Remember the contract is between you and the insurance carrier not our office.* We file insurance claims as a **courtesy** for our patients. You are fully responsible for all fees charged by this office regardless of your insurance company.

ALL PATIENTS: All patients will receive a monthly statement letting you know the status of your account. This will let you know if your insurance company has paid any benefits for you. If you have any questions about their payments, please call them first before contacting our office.

PAYMENT ON ACCOUNT: Your account is due paid in full within 30 days of completion of your treatment. If you need to make financial arrangements for a payment plan, please call our office.

RECORD RETENTION: While HIPAA rules require that our office retains a copy of your records for 6 years, it has been our practice to retain your records for up to 10 years from your last visit.

Please keep a copy of all correspondence sent to you by this office, so that you may have a complete record of your contact with this office.

PERIODONTAL AND IMPLANT SPECIALTIES

Periodontics, Implants and Oral Plastic Surgery

PETER B. LIAROS, D.D.S.

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FACTS YOU SHOULD KNOW ABOUT DENTAL INSURANCE

Dental insurance is rapidly playing a larger role in helping people obtain dental treatment. We strongly feel our patients deserve the best possible dental care that can be provided, and in our effort to maintain that high quality of care, we would like to share some facts about dental insurance that we have experienced.

- FACT 1** Dental insurance is **NOT** meant to be **PAY-ALL**, it is only meant to be an aid.
- FACT 2** Many patients feel their insurance will be covering them at 80% to 100%. In spite of what you're told, we have found that most plans cover about **50%** to **80%** of an average fee up to the plan's yearly maximum. The amount your plan benefit allows for payment of dental services is determined by the plan that was chosen by your employer.
- FACT 3** It has been our experience that some insurance companies tell the insured that the doctor's fees are above "the usual and customary" rather than explaining to them that the fee for treatment is higher than the plan benefit allows. Remember your employer along With the insurance company has determined what your plan benefits will include.
- FACT 4** Many dental services may **NOT** be covered by insurance carriers especially when you are seeing a specialist for specific treatment.

We will gladly assist in expediting the handling of your claim to assure you of the maximum benefits you are eligible for and we will fill out and file your insurance forms. However, we do ask all patients to get involved with their insurance especially if they are not responding to our requests. Insurance companies will sometimes respond to the insured in a more timely matter, after all, their contract is with you the employed not our office.

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PERIODONTAL AND IMPLANT SPECIALTIES, LTD

NOTICE OF PRIVACY PRACTICES

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

▪ OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

Periodontal and Implant Specialties, LTD. is committed to protecting your privacy and caring for your personal dental and health information. We are required by federal law to maintain the privacy of dental and health information that identifies you or that could be used to identify you (known as "Protected Health Information"). The HIPAA privacy rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. We also are required to provide you with this Notice, which explains our legal duties and privacy practices with respect to Protected Dental and Health information that we chart, collect and maintain. Periodontal and Implant Specialties, LTD. Is required by federal law to abide by this Notice.

As permitted by the HIPAA privacy Rule, we reserve the right to make changes to this Notice and to make such changes effective for all PHI (protected health information) we may already have about you. If and when this Notice is changed, we will provide a revised copy to all office locations and make it available upon request.

You will be asked to sign a form to show that you received this Notice. Even if you do not sign this form, we will still provide you with treatment.

▪ HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

USES AND DISCLOSURES OF HEALTH INFORMATION

The following categories explain ways we may use and disclose PHI for treatment, finances, and dental health care operations without your consent or authorization. The examples included in each category do not consist of every type of disclosure that may fall within that category.

1. **Treatment:** We may use and disclose PHI about you to provide, or manage dental and health care related services. We may consult with other dental or health care providers regarding your treatment to organize and manage your dental health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, radiographs, or other dental or health care services. In addition, we may use and disclose PHI about you when referring you to another dental or health care provider. For example, if you are referred to another dentist or physician, we may disclose PHI to your new dentist or physician regarding whether you are allergic to any medications. In emergencies, we may use and disclose PHI to provide the treatment you need.

We may also disclose PHI about you regarding treatment activities of another dental or health care provider. For example, we may send a report about you to a dentist or physician that we refer you to so that the other physician may treat you. In addition, we may disclose PHI about your treatment activities to technical support personnel such as dental laboratories, implant support staff, or other types of therapeutic representative as warranted other than routine care.

Record retention: While HIPAA rules require that our office retains a copy of your records for 6 years, it has been our practice to retain your records for up to 10 years from your last visit.

Please keep a copy of all correspondence sent to you by this office, so that you may have a complete record of your contact with this office.

Finances: We may use and disclose PHI so that we can bill and collect payment for treatment provided to you. Before providing treatment or services, we may provide details with your dental or health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your dental or health insurance before we provide care or services. We may use and disclose PHI to find out if your dental/health plan will cover the cost of care and services we provide. We may use and disclose PHI to confirm if you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us.

Health care 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.

Appointment Reminders: Unless you tell us otherwise. We will call to leave you a reminder message at work to confirm your appointment. If we cannot reach you at work we will then leave a reminder message on your home answering machine and or voice mail or with whoever answers your telephone. We may also mail you a post card or letter reminding you of any future appointments. We may also call, write, or E-mail to notify you of other treatment, services or materials available at our office that may be beneficial to you or your treatment.

Workers' Compensation: We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

Disclosure Required by HIPAA Privacy Rule: We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI upon your request to access PHI or for an accounting of certain disclosures of PHI about you.

Incidental Disclosures: We may use or disclose PHI permitted by the HIPAA Privacy Rule so long as we have reasonably safeguarded against incidental uses and disclosures and have limited them to the minimum necessary information.

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2. **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 dental or health information 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 health care or with payment for your healthcare, but only if you agree that we may do so.

3. **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 of disclosure of your health information, we will provide you with an opportunity to object to such uses of disclosures. In the event of your incapacity or emergency circumstances, we will disclose 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.

▪ **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 practically 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 Notice. There will be a charge for photocopies and duplication of any radiographs payable in advance. We will comply with your request within 90 days. (120 days if said information is stored off sight.) 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.

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 request.

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 your 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 means or locations, 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 will amend the information of your request within 60 days. We will send corrected information to persons who we know received incorrect information and any others that you specify. We may deny your request under certain circumstances. If your request is denied you can write a statement of your position. We will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. We are entitled by law to one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension.

▪ **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official at the address and number listed below. We will not retaliate or take action against you filing a complaint.

▪ **QUESTIONS**

If you have any questions about this Notice, please contact our Privacy Official at the address and telephone number listed below.

▪ **PRIVACY OFFICIAL CONTACT INFORMATION**

You may contact our Privacy Official at the following address and phone number:

Privacy Official	Monika Ligas		
Address	6715 W. Archer Avenue Chicago, IL 60638		
Business Telephone	773-229-1081	Fax Telephone	773-229-1446