

DocTalk

A QUARTERLY NEWSLETTER FOR
PARTICIPATING DENTISTS AND THEIR STAFF
FROM Dental Health Services

Patients' Bill of Rights & Responsibilities

Patient Rights



The patient has a right to:

- Considerate and respectful treatment, without discrimination, in a safe dental environment.
- Receive a complete explanation concerning the patient's diagnosis, treatment and prognosis in terms he/she can be reasonably expected to understand.
- A treatment plan that includes any reasonable service that will meet the patient's needs, whether or not that service is covered by his/her dental plan.
- Know the names and functions of any dental staff whom the patient contacts during care.
- Receive an itemized copy of all proposed charges for recommended treatment and a clear explanation of those charges for both covered and non-covered services, if applicable.

- Refuse treatment and to be informed of the medical or dental consequences of this action.
- Request dental records, copies of records or record summaries.
- Privacy and confidential communications and maintenance of records pertaining to his/her care and personal information.
- File a grievance with Dental Health Services if they are dissatisfied with the quality of care of service received.



CONTINUED ON REVERSE SIDE



Be featured in our next DockTalk newsletter!

Just submit a bolt of wisdom about how you and your office staff uniquely make your patients happy. Also, let us know what topics you'd like to see in the future—if your topic is used, we will highlight you and your dental office in that issue and you can look forward to receiving a special reward from Dental Health Services delivered to your office. A prepaid return envelope has been included for your convenience.

QUESTIONS OR COMMENTS? CONTACT US!

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Patient Responsibilities

The patient is responsible to:

- Provide the dentist, to the best of the patient's knowledge, with accurate and complete information about present conditions, symptoms, past illnesses, hospitalizations, medications and other matters relating to his/her dental and medical health.
- Report to the dentist any changes in the patient's physical condition.
- Make informed decisions in concert with the dentist regarding the proposed dental care, including communicating that he/she understands the course of treatment.
- Follow the treatment plan recommended by the dentist and agreed to by the patient.
- Maintain his/her own oral health with proper dental hygiene and regular dental visits.
- Fulfill follow-up appointments and, when unable to do so for any reason, notify the dental office as soon as possible.
- Ensure that the financial obligations of his/her dental care are fulfilled promptly.
- Report any changes in his/her coverage and financial condition.
- Understand his/her dental plan's coverage and ask questions of the benefit administrator or Dental Health Services to gain this knowledge.

Your Patients Are Talking

To all of our participating dental offices: **thank you!** As the comments below show, our members recognize and appreciate the excellent care you continue to provide them!

"Best care I have ever had, thank you."
— Richard Reynolds

"We like our dentist and the other people in the office are all professional and helpful."
— Patricia Thompson

"My DDS and her staff are exceptional. It is the best care we have ever had, thank you."
— David Conley



"I adore my dentist!"
— Rosemary Hurinenko

"Keep up the excellent work!"
— Betty Schlueter

How can we help you?

Do you have questions regarding Dental Health Services' **Quality Assurance Program** or any other services we provide?

Your Service Specialist is available to answer all of your questions!



800.223.4347 saves you time — call today!

Your time is valuable. To help you work as efficiently as possible, call Dental Health Services' toll-free member eligibility hotline at **800.223.4347** the next time you need verification. You will save time by gaining immediate and direct access to our member database on this fully automated line. **800.223.4347** is also the best way to receive faxed eligibility confirmation, as well as member-specific plan information—all you need is your provider identification number. Should you need additional assistance, Service Specialists are also available 8am to 5pm, Monday through Friday, to answer all of your questions.