

SB 459 Notice

SB 459 Notice. Effective 10/1/2015 every prescriber must perform an inquiry of the Nevada Prescription Monitoring Program prior to prescribing any scheduled drug for any patient. We cannot prescribe any scheduled drug (pain pills) without performing this inquiry. We will complete the required inquiry as part of your registration as a patient with this office or if you are an established patient, at time of written prescription, of which will be repeated bi-annually for currency. I acknowledge that an inquiry will be performed in accordance with State law.

Patient or Responsible Party

Date

Regarding Appointments

We realize conflicts of scheduling can arise unexpectedly. We kindly request the courtesy of 24 hour notice of cancellation or to reschedule. In the event of repeated late cancellations or no-shows, a deposit may be requested prior to setting additional appointments. Thank you for your consideration.

Patient or Responsible Party

Date

For our patients with Dental Insurance

We are happy to assist you with your insurance billing and in most cases, we will accept assignment of your insurance benefits. We will provide to you prior to any treatment, a good faith estimate of your co-pays and what we expect your insurance to pay *based on the information your insurance company has provided us*. On occasion, there are variations between the information provided by the insurance company and what they pay. Most often, this is due to plan limitations negotiated by your employer and the insurance company, we have no control of this. On major procedures, we always submit for pre-estimation of benefits. You acknowledge that even with pre-estimation, it does not guarantee payment by the insurance company and that all fees are your responsibility, irregardless of provided treatment plans or pre-estimations. We work for you and on your behalf; we are not employed nor affiliated with any insurance company other than our contractual agreement to provide services at contracted fees (which customarily are reduced from our private fee schedule). If you are fortunate enough to have two insurances, please inform the desk for additional information.

Patient or Responsible Party

Date