



School of Dental Medicine
Business Operations

Dear Patient:

Thank you for your interest in becoming a patient. As a patient, you will make an important contribution to the education of our student dentists. Please be aware application and screening do not guarantee acceptance. Many factors influence your acceptance into our program, including, but not limited to: the current condition of your oral health and your availability.

Screening appointments start at \$75.00, this is to cover the cost of establishing a patient record, processing the information, the initial evaluation and an approximate estimate of the cost of preliminary x-rays. Please note additional radiographs may need to be taken to determine your treatment needs and are an additional cost from the initial screening fee. Patients who do not qualify to participate in our clinical educational program will be notified. We regret that all patients screened cannot be accepted.

Payment is due at the time of service. Cash, credit cards, personal checks and money orders are accepted. If you have Medicaid insurance, please provide your Medicaid information for proper billing purposes. Please note that Medicaid only covers "essential" services and not all dental treatment is covered. Please review your planned treatment with your student dentist so that Medicaid coverage can be determined before treatment begins.

Patients with insurance other than Medicaid must present their insurance information with their application and pay at time of service. As a courtesy, the School of Dental Medicine will provide a summary of procedures paid in full which will be submitted to the insurance company for reimbursement. If you have questions regarding your dental insurance, please contact the Insurance Coordinator at 716-829-6339.

Since the University at Buffalo School of Dental Medicine is a teaching facility, the length of appointments and overall treatment will likely take longer than going to a private dentist. High standards are required of our student dentists, and our clinical faculty members continually evaluate the student's abilities and skills. Please plan to spend 3 hours per appointment and present for multiple visits per month. Fees are approximately half the cost of a private dentist. Postgraduate clinics are available for patients who may require more advanced treatment, fees vary and are higher than the pre-doctoral clinics.

The School of Dental Medicine has a variety of clinics including a pediatric department which specializes in dental care for children ages 0-17. To schedule, call direct 716-829-2723. For orthodontics (braces) call: 716-829-2845.

Clinics hours are Monday through Friday 9:00 AM to 12:00 PM and 1:00 PM to 4:00 PM. Clinics are closed weekends and holidays that are recognized by the University.

Should you have additional questions regarding the application process, please contact Patient Admissions at 716-829-2732.

Business Office 716-829-3226
Patient Admissions 716-829-2732
Patient Records 716-829-2526
3435 Main St., Building 32
Buffalo, NY 14214-3008



School of Dental Medicine
Business Operations

Thank you for your interest in the UB School of Dental Medicine.

Please complete the Patient Application (Demographic Form) and return to University at Buffalo School of Dental Medicine Patient Admissions, 103 Squire Hall, Buffalo, New York 14214. A staff member from Patient Admissions will contact you to schedule a New Patient Screening appointment within 5 days of receipt of your paperwork. Visit our website @ <http://dental.buffalo.edu/> and click on "Patient" to view the "Patient Orientation Video" for helpful information regarding your upcoming experience at the University at Buffalo School of Dental Medicine.

Enclosed please find:

- 1) Parking permit with instructions (allows for free parking in clinic patient parking areas only)
- 2) Patient Application (Demographic Form)
- 3) Prospective Patient Information
- 4) A copy of the Patient Rights and Responsibilities for your records.

Before you are contacted you MUST return the completed application (demographic) form to the University at Buffalo School of Dental Medicine Patient Admissions, 103 Squire Hall, Buffalo, New York 14214:

On the day of your scheduled appointment:

Please bring a complete list of all your current medications along with the dosage.

- 1) Park your vehicle in one of the designated patient parking areas
- 2) Place the enclosed parking permit on the dashboard of your vehicle.
- 3) Patient check in is available at either room 103 or room 108.
- 4) There is a \$75.00 fee for the screening visit including estimated cost of preliminary radiographs (x-rays). If you are paying by check or Money Order, please make payable to "UB School of Dental Medicine". Cash and credit cards are also accepted. Patients with Medicaid insurance MUST present his/her insurance information prior to check in for eligibility verification.
- 5) Photo I.D. will be required at the screening appointment, and may also be requested at any other time. Please remember to bring this document with you to your scheduled appointment. This is in accordance with the Federal Trade Commission Red Flags Rule (16 CFR 681.2).
- 6) Wheelchairs are available (if needed) from the first floor receptionist.

Questions regarding the application process can be directed to Patient Admissions at (716)829-2732.

(Please Print)

Mr. Mrs. Miss Ms. Dr. Name _____

Date of Birth: ____/____/____ M F Last First Middle Initial
Social Security Number ____/____/____

Email address: _____

Race / Ethnicity: (circle one) Caucasian African American Asian Hispanic Other

Any special needs we should know about? Blind Deaf Wheelchair Other _____

Preferred language? _____

Have you ever been treated at the UB School of Dental Medicine in the past? Y N

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Relationship to patient: _____

Do you have a healthcare proxy? Y N (If Yes, please provide copy of form)

If yes, name of your appointed agent: _____

Appointed Agent Phone #: _____

Physician Name: _____

Physician Phone #: _____

Physician Address: _____

Please check one:

I understand x-rays will be taken at my Screening Appointment

I will bring in copies of recent full mouth x-rays from my previous dentist. ***Please note that x-rays will be accepted by supervising faculty and must be submitted in JPEG form or printed on glossy photo paper.**

Address:

Street _____ Apt _____

City _____ State/Province _____

Country _____ ZIP/Postal Code _____

Home Phone _____ Cellular Phone _____

Work Phone _____ Preferred Contact Number (circle): Home Cell Work

Signature of Applicant: _____

Date: _____

If you are covered by **Medicaid** insurance (*including Medicaid Managed Care Plans administered by Healthplex or Dentaquest,) please complete the following:

ID Number _____ Name on Card _____

Example of card:

Date of Birth _____



*These plans include, but are not limited to: Independent Health Managed Care, Fidelis Managed Care, Liberty Dental Plan, WellCare Medicaid, and YourCare.

If you have a **Medicare** Plan through the following insurances, please enter your information below:

- Independent Health
- WellCare
- Fidelis

ID Number _____ Date of Birth _____

Name on Card _____

**Please note: Traditional Medicare Part B does NOT cover routine dental care. Managed Care plans may offer coverage as an additional benefit. You will be responsible for payment for all services not covered by your Medicare Managed Care plan.