

## UB School of Dental Medicine New Patient Application Packet

### UBSDM Admissions Letter for New Applicants

Thank you for your interest in becoming a patient at the UB School of Dental Medicine (UBSDM). As a patient, you play an important role in the education of our student and resident dentists. Please be aware that submitting an application and completing a screening does not guarantee acceptance. Several factors influence acceptance into our program, including—but not limited to—the current condition of your oral health and your availability for appointments.

**Screening appointments start at \$100.00.** This fee covers the initial screening evaluation, and an estimated cost of preliminary panoramic x-rays. Additional x-rays may be required to determine your treatment needs and will incur additional charges beyond the initial screening fee. Applicants with Medicaid insurance are not responsible for screening fees. Applicants who do not qualify to participate in our clinical educational program will be notified during the screening visit. Unfortunately, not all applicants can be accepted.

Please review the enclosed UBSDM Financial Information Sheet for New Applicants for details regarding your responsibilities, including the requirement that payment is due at the time of service.

Because the UBSDM is a teaching facility, appointment lengths and overall treatment time may be longer than in a private dental practice. Our student dentists are held to high standards, and clinical faculty continually evaluate their skills and progress. You should plan to spend approximately three hours per appointment and be available for multiple visits per month. Our student fees are typically about half the cost of a private dentist. Postgraduate clinics are available for patients who require more advanced treatment; fees in these clinics are higher than student rates but remain significantly lower than private practice fees.

Clinic hours are Monday through Friday, 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m. Clinics are closed on weekends and all University-recognized holidays.

Please complete the enclosed Patient Application and return it to:

University at Buffalo School of Dental Medicine  
Patient Admissions  
103 Squire Hall  
Buffalo, NY 14214

An envelope is included for your convenience. You may also fax your application to (716) 829-2242. You will be contacted to schedule a New Patient Screening appointment once your application has been processed. **Applicants are scheduled in the order applications are received, and no appointment can be made until the completed form has been reviewed.**

A parking permit will be mailed with your screening appointment reminder, along with instructions for use. This permit allows you to park at no cost in the Squire, Tower, or Michael Lots on campus. Not parking in one of the designated lots or failing to place the parking permit on your dashboard may result in a parking ticket. UBSDM is not responsible for any parking tickets issued.

Our Patient Information Booklet will be sent to you once your screening appointment has been scheduled. Please review it prior to your visit.

On the day of your scheduled appointment, please:

- Bring a complete list of all current medications, including dosages
- Park in one of the designated lots and place the parking permit on your dashboard to avoid ticketing
- Check in at the Welcome Center
- **Be prepared to pay the required \$100 screening fee at check-in** (Medicaid patients must present insurance information for eligibility verification)
- Bring a valid photo ID for identity verification in accordance with the Federal Trade Commission Red Flags Rule (16 CFR 681.2); it may be requested at any time
- Request a wheelchair from the first-floor receptionist if needed

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

## Important Information About Applying to Become a Patient at UBSDM

The purpose of a screening visit is to determine whether your dental needs can be matched to the educational needs of our student and resident dentists across the various clinic levels within the UB School of Dental Medicine (UBSDM).

Many factors influence acceptance into our educational program, including—but not limited to:

- The complexity of your dental needs relative to the ability and availability of our student dentists
- Your availability to attend multiple appointments during set clinical times (including winter months)
- Your commitment to arriving on time and keeping scheduled appointments (3-hour average appointments)
- Your ability to be reached by phone
- Your willingness to follow the recommended treatment plan
- Any special needs that may require accommodation

At times, there may be a wait of several weeks or months for assignment. This depends on student requirements, the time of year, and the number of patients awaiting treatment. Patients who have been accepted but are waiting for student assignment may receive care in the emergency clinic for relief of pain only. Additional charges apply for emergency appointments.

If a patient's dental needs are too complex to be managed at the undergraduate (pre-doctoral) level, the patient will be referred for evaluation—at a later date—to one of our Post-Graduate Clinics. Referral and evaluation do not guarantee acceptance. In rare cases, patients who were initially accepted may later be determined not to be a suitable fit for our clinic programs after a more comprehensive evaluation. In such situations, the patient will be advised to seek care in a private practice.

At your first appointment, you will be required to sign several consent forms, including one outlining patient responsibilities. A summary of these responsibilities is provided below.

As a patient of the UBSDM, you must:

- **Keep all appointments.** Missing or canceling an appointment with less than 24-hour notice more than once is grounds for discharge.
- **Be available** 3–4 times per month for 3-hour clinic sessions throughout the school year, including winter and early spring when many Western New Yorkers travel.
- **Respond to your student dentist** by maintaining a working phone number and returning voicemail messages within 48 hours.
- **Pay your bill in full at the time services are rendered.** You may be denied non-urgent treatment if your account becomes delinquent, or is in arrears in any clinic within the UBSDM.
- **Arrive on time.** Arriving more than 15 minutes late is considered a missed appointment.
- **Follow the recommended treatment plan.** UBSDM does not operate like a private practice; students are required to address all areas of disease. Patients must consent to all examination procedures, tests, x-rays, premedication, local anesthesia, and dental treatment deemed necessary by sound and prudent dental practices. Comprehensive patients may not seek treatment from an outside provider while in active treatment at UBSDM.
- **Be respectful toward all UBSDM personnel.** There is a zero-tolerance policy for inappropriate comments or behavior of an abusive, cultural, ethnic, or sexual nature; such conduct results in immediate dismissal.
- **Arrange for proper childcare.** Children who are not being treated are not permitted in clinics and may not be left unattended.

## UBSDM Financial Information Sheet for New Applicants

Thank you for applying to become a patient of the UB School of Dental Medicine (UBSDM). As a teaching facility, our payment policies may differ from what you are accustomed to. Although you are required to review the Payment Policy section in our Patient Information Booklet, this condensed information sheet is included in your welcome packet to help you make an informed decision about becoming a patient at UBSDM.

Payment is due at the time of service. A staff member in the Welcome Center will request payment for any outstanding treatment before you are checked in for each appointment, and failure to pay may result in your appointment being rescheduled. You may be denied non-urgent treatment if your account becomes delinquent, or is in arrears in any clinic within the UBSDM. We accept cash, checks, money orders, Visa, MasterCard, American Express, and Discover. HSA cards may only be used in the year the treatment is completed. Returned checks will incur an additional fee. Some procedures require prepayment before work can begin, and details can be found in the Patient Information Booklet.

UBSDM does not accept private dental insurance. However, upon request, we can provide a standard dental insurance claim form for you to submit to your insurance company. This form will only be issued once all procedures outlined in your treatment plan have been completed and your balance for those services has been paid in full.

For patients with Medicaid coverage, please be aware that Medicaid only covers services it considers essential. You should review your planned treatment with your provider so Medicaid coverage can be determined before treatment begins. If you choose to receive non-covered services, you will be financially responsible for them and must sign a private-pay agreement; prepayment will be required. If you decline non-covered services, your provider will discuss possible alternatives and the risks of no treatment so you can make an informed decision. UBSDM may charge for non-covered services when a mutually signed private-pay agreement is in place. If you have questions about your coverage, you must contact your caseworker, local Social Services Benefits office, or your managed care plan directly, as we cannot contact them on your behalf.

If you have a Medicaid spend-down plan, you must notify us. Once we receive your notification, you will receive a letter explaining your responsibilities to ensure coverage. Until all required steps are completed, you will be considered a self-pay patient.

Medicare Part B does not cover routine dental care, and although many Medicare Advantage plans offer some dental benefits, UBSDM participates only with select Medicare Managed Care plans processed through DentaQuest, Liberty, or Healthplex. For questions regarding your coverage at UBSDM, you should contact your insurance provider directly by phone or through their website.

Our billing policy includes sending two statements followed by a warning letter if the balance remains unpaid. If you are unable to meet your financial obligations, it is important to contact the Billing Department at (716) 829-3226 as soon as possible. Office hours are Monday through Friday, 8:00 a.m. to 4:00 p.m. We are only permitted to speak with your designated HIPAA representative as listed in your chart, and **all billing questions must be addressed by telephone**. A consultation room is available on-site if you need to call the Billing Office during your visit.

Because we are a teaching facility, treatment may take longer than in a private practice, and billing may be delayed for several months due to student and faculty responsibilities. Regardless of when you receive a statement, you are financially responsible for all services rendered. To avoid confusion, keep copies of all signed treatment plans so you are aware of the total expected cost. Always obtain and keep receipts for any cash payments until all treatment is completed and your account is marked paid in full. You will be required to provide a receipt if you believe a cash payment was not properly credited.

Thank you.

Billing Department, UB School of Dental Medicine  
(716) 829-3226

## PATIENT APPLICATION

Please print. **\*\*ALL FIELDS ARE REQUIRED\*\***Name: \_\_\_\_\_ Preferred/Chosen Name: \_\_\_\_\_  
*Last First Middle Initial*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F Social Security Number: \_\_\_\_\_Gender Identity:  Male  Female  Transgender male  Transgender female  Genderqueer  Decline to AnswerPreferred Pronouns:  He/Him  She/Her  They/Them  Don't Know  Other, Please Specify: \_\_\_\_\_Address: \_\_\_\_\_  
*Street Apt. No. City State Zip Code*

Email address: \_\_\_\_\_

Phone Number(s): \* \_\_\_\_\_  Home  Work  Cell **\*This is my preferred contact number.**Race(s)/Ethnicity(ies):  American Indian/Alaska Native  Asian  Black/African American  Hispanic/Latinx  
 Middle Eastern/North African  Native Hawaiian/Pacific Islander  White  Other  Decline to AnswerAre you a U.S. armed forces veteran?  Yes  No  Decline to AnswerIs the patient able to provide verbal and/or written consent?  Yes  No If no, who is legally authorized to consent on behalf of the patient? Name/Relationship/Phone #: \_\_\_\_\_Are you in need of any accommodations?  Visually Impaired  Hearing Impaired  Wheelchair  Other: \_\_\_\_\_Do you require an ASL interpreter?  Y  N Do you require a translator?  Y  N Language: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Do you have a Primary Care Physician?  Y  N

Physician Name: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

Physician Address: \_\_\_\_\_  
*Street Apt. No. City State Zip Code*Do you have a health care proxy?  Y  N (If yes, you must provide a copy of the proxy form at your screening visit)If the patient is a minor (under 18 years of age), who is the patient's Guarantor? \_\_\_\_\_  
*Name/relationship*

Guarantor's Address: \_\_\_\_\_ Guarantor's Phone #: \_\_\_\_\_


Guarantor's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Guarantor's Sex:  M  F**All patients at the UB School of Dental Medicine receive comprehensive care. Please let us know which other services you may be interested in. Select all that apply:** TMD/TMJ  Orthodontics  Implants  Extraction of Wisdom Teeth  Dentures  Endodontics (root canal) I understand x-rays are required for my screening appointment.  
 I have had x-rays taken in the last 3-5 years:  
 I will upload a digital copy of my recent x-rays from my previous dentist to the patient portal 24-hours before my screening appointment.**\*\*Visit [dental.buffalo.edu/patients/general-information](https://dental.buffalo.edu/patients/general-information) and follow the instructions on the page to upload your documents to the secure Dropbox. \*\*** I am unable to obtain copies of my previous x-rays, or they are more than five (5) years old. I understand that my insurance may not cover a new set of x-rays and that I will be responsible for any associated costs. I do not have dental insurance I have dental insurance coverage **(Please complete the back of this form)**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have insurance through United Healthcare, Aetna, MVP, Humana or FallonHealth?  Yes  No

If you are covered by **Medicaid** insurance (\*including Medicaid Managed Care plans administered by Healthplex, DentaQuest or Liberty,) 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, 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: _____	Name on Card: _____
	Date of Birth: _____

\*\*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.**

Do you have a Commercial Dental plan (e.g., Delta Dental)?  Yes  No

Name of plan: \_\_\_\_\_

\*\*You will be provided a claim form for you to submit to your insurance after services have been completed and paid in full.\*\*