

Thank you for your interest in becoming a patient at the UB School of Dental Medicine. 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, the initial evaluation and an approximate estimate of the cost of preliminary x-rays. Please note additional x-rays may need to be taken to determine your treatment needs and are an additional cost to the initial screening fee. Applicants with Medicaid insurance will not be responsible for screening fees. Applicants who do not qualify to participate in our clinical educational program will be notified at the screening visit. We regret that all applicants screened cannot be accepted.

*Please review the enclosed Financial Information Sheet regarding your responsibilities, including notification that payment is due at the time of service.*

As 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. Our student fees are approximately half the cost of a private dentist. Post Graduate clinics are available for patients who may require more advanced treatment. Fees are higher than our student rates, but are still much lower than private practices.

Clinic hours are Monday through Friday 9:00 am to 12:00 pm and 1:00 pm to 4:00 pm. Evening clinics may be available. Clinics are closed on weekends and all University recognized holidays.

Please complete the enclosed Patient Application and return 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 when your application is processed. **We schedule applicants in the order applications are received and no appointment can be scheduled without our review of the completed form.** Visit our website at [dental.buffalo.edu](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.

We are enclosing a parking permit that includes instructions for completion, that will allow you to park at no cost in the Squire, Tower or Michael Lots on the campus.

*A copy of our Patient Information Booklet is also enclosed. Please review prior to your screening appointment.*

#### **On the day of your scheduled appointment:**

- Please bring a complete list of all of your current medications, including dosages
- Park your vehicle in one of the designated parking lots and place the parking permit on your dashboard to avoid ticketing
- Check in for your appointment at the Welcome Center
- **You will be required to pay the \$75 screening fee at the time of check-in.** Medicaid patients will be required to present insurance information prior to check-in for eligibility verification
- Photo ID will be required at your initial appointment check-in and may be requested at any other time. Please remember to bring your identification in accordance with the Federal Trade Commission Red Flags Rule (16 CFR 681.2.)
- Wheelchairs are available from the first-floor receptionist

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



## UBSDM FINANCIAL INFORMATION SHEET FOR NEW APPLICANTS

Thank you for applying to become a patient of the UB School of Dental Medicine. As a teaching facility, our payment policies may be different than those you are accustomed to. While there is a Payment Policy section in our Patient Information Booklet that you must review, we are sending this condensed information sheet with your welcome packet to aid in your decision on becoming a patient at the 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 at each appointment. Failure to pay may result in your current appointment being rescheduled. Payment may be made by cash, check, money order, Visa, MasterCard, American Express and Discover. HSA cards may only be used in the year treatment is completed. You will be charged an additional fee for any returned check.

Please refer to the Patient Information Booklet regarding procedures that require prepayment before work can be started.

The School of Dental Medicine does not accept private insurance at this time. As a courtesy to our patients, a standard dental insurance claim form will be provided upon request for you to submit to your insurance company. This form will only be provided when the procedures outlined in your treatment plan have been completed and your balance for those services has been paid in full.

For our patients with Medicaid coverage, please be aware Medicaid only covers services they consider essential. Please review your planned treatment with your provider so that Medicaid coverage can be determined before treatment begins. If you would like to have non-covered services provided, be advised you will be financially responsible for those services and will be required to sign a private pay agreement. Prepayment will be expected. However, if you do not wish to receive the non-covered procedure(s) offered, your provider will provide possible alternatives to care and inform you of the risks of no treatment so that you are able to make a knowledgeable decision. The SDM may charge a patient for non-covered services when a private-pay agreement (mutual and voluntary signed treatment plan) is in place. If you have questions regarding your coverage, you must consult your caseworker or local Social Services Benefits office. You may also contact the insurance company directly if you have a managed care plan. We cannot contact them on your behalf.

If you have a Medicaid spend down plan, you will be sent a letter explaining your responsibilities to ensure coverage. Until such processes have been completed, you will be considered a self-pay patient.

Medicare Part B does not cover any routine dental care. Most Medicare Advantage plans offer some coverage. However, we only participate with select Medicare Managed Care plans processed through Dentaquest, Liberty or Healthplex. If you have any questions regarding your coverage at SDM, contact your insurance directly by telephone or through their website.

Our policy is to send two statements followed by a collections warning letter. If for some reason you are unable to meet your financial obligations with the UB School of Dental Medicine, it is imperative that you contact the Billing Department at (716) 829-3226 as soon as possible. Office hours are 8:00 am to 4:00 pm, Monday through Friday. Please note: we are unable to speak with anyone regarding your bill that is not your designated HIPAA representative as noted in your chart. **All billing questions must be addressed by telephone.** There is a consultation room available on site if you need to call our Billing Office.

As mentioned, we are a teaching facility and treatment takes longer than it might in a private dental practice. Because of that, and due to the large number of student and faculty responsibilities, treatment may not be billed to you for several months. Regardless of the time of your statement, you are financially responsible for all services rendered. Please keep a copy of all signed treatment plans so you will be aware of the total amount you will owe and will not be surprised by unexpected statements. Also, be sure you are given a receipt for any cash payment and keep all copies until all treatment is completed and marked paid in full. You will be required to supply a receipt if you feel a cash payment has not been properly credited to your account.

Thank you.

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

Mar 2023

## Important Information Regarding Your Applying to Become an SDM Patient:

The purpose of a screening visit is to determine if we can match your dental needs to the educational needs of our student dentists in the various clinic levels throughout the School of Dental Medicine (SDM.)

Many factors influence your acceptance into our education program including (but not limited to:)

- The complexity of your dental needs relative to the ability and availability of our student dentists
- Your own availability to complete multiple appointments during set clinical times, which include winter months, with average appointments of three hours
- Your commitment to arrive on time and keep scheduled appointments
- Your ability to be reached by phone
- Your willingness to follow the recommended treatment plan
- Any other special needs you may have

On occasion, there may be a wait of a few weeks or months for assignment. This depends on student needs, the time of year and the number of patients awaiting treatment. Patients who are accepted but are awaiting student assignment are eligible for treatment through the emergency clinic for relief of pain only. There are additional charges for emergency appointments.

If a patient's dental needs are too complex to be managed at the undergraduate student (pre-doctoral) level, he or she will be referred for an evaluation (at a later time) by one of our Post-Graduate Clinics. Referral and evaluation do not guarantee acceptance. On rare occasions, patients who are initially accepted may be found to not be a good fit for our clinic programs following a more comprehensive clinical evaluation. In such cases, the patient would be instructed to seek private care. Copies of x-rays taken would be made available for a nominal duplication fee.

At your first appointment, you will be required to sign several consents, including one regarding patient responsibilities. Below please find a summary of these responsibilities.

As a patient of the SDM, you must:

- **Keep all appointments** – missing or cancelling an appointment with less than 24-hour notice more than once is grounds for discharge
- **Be available** – must be available 3 – 4 times per month for 3-hour clinic session throughout the school session. This includes winter and early spring when many Western New Yorkers like to head for warmer climates
- **Respond to student dentist** – have a working phone number and return voicemail messages with *48 hours*
- **Pay my bill in full at the time services are rendered** – grounds for discharge if over 60 days past-due
- **Be on time for appointments** – more than 15 minutes late is considered a missed appointment
- **Follow the treatment plan recommended** – UB Dental does not operate like a private practice office – students are required to address all disease. Patients must consent to all examination procedures, test, x-rays, premedication, local anesthesia and dental treatment ordered as indicated by sound and prudent dental practices. Patients cannot seek treatment with an outside provider while in active treatment
- **Be respectful of all SDM personnel** – *No tolerance policy* – any inappropriate comments of an abusive, cultural, ethnic or sexual nature are grounds for immediate dismissal
- **Provide proper childcare** – children who are not being treated are not allowed in clinics and are not to be left unattended

## 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 AnswerAddress: \_\_\_\_\_  
*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 AnswerAre 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 form at your screening visit.)

Name of your appointed agent: \_\_\_\_\_ Agent Phone #: \_\_\_\_\_

Agent Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Agent Sex:  M  FIf the patient is a minor (under 18 years of age), who is the patient's Guarantor? \_\_\_\_\_  
*Name/relationship*

Which service(s) the UB School of Dental Medicine provides are you interested in? Select all that apply.

- 
- Comprehensive Dental Care (includes cleanings, X-rays and exams)
- 
- TMD/TMJ
- 
- Orthodontics
- 
- 
- Implants
- 
- Extraction of Wisdom Teeth
- 
- Dentures
- 
- Endodontics (root canal)


 I understand X-rays will be taken at my screening appointment. I will send a digital copy of recent full mouth X-rays from my previous dentist before screening appointment.**\*\*Visit [dental.buffalo.edu/patients/general-information](http://dental.buffalo.edu/patients/general-information) and follow the instructions on the page to upload your documents to the secure Dropbox. \*\*** 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.\*\***