

Election to Self-Pay for Services

At our dental practice, we educate our patients on, and give the options for, better/enhanced materials, technology, and medications that can enhance the comfort and longevity of treatment. It is well-known that INSURANCE WILL NOT PAY for these options. We feel the opportunity to have better/enhanced materials, technology, and medications should remain the patient's choice and should not be dictated by insurance companies.

Because there are no standardized dental codes (CDT Codes) for better/enhanced materials, technology and medications, they are automatically deemed "not covered" and "not payable" by insurance companies. We believe in being transparent. We document, with clear descriptions, these better/enhanced services using our own "C-Codes" which stay within the doctor/patient relationship and are NOT sent to insurance companies. Federal law requires patients to acknowledge and sign an agreement that "C-Codes" used by our office are not to be sent to their dental discount/insurance company.

DO NOT BILL TO INSURANCE
Patient HIPAA Restriction Request
Election to Self-Pay for Services [Section 13405 of Subtitle D of the HITECH Act 942USC 17935]

I request that my dental healthcare provider(s) do not submit any/all "C Codes," performed by them on my behalf, to my health or dental discount/insurance company. By signing below, I acknowledge that I understand and agree that:

1. I am covered by a dental discount/insurance plan.
2. Despite the above coverage, I do not want my dental provider(s) to submit a claim to my medical or dental discount/insurance company for value-added/enhanced procedures identified as "C-Codes"
3. The dental service(s) provided, or that will be provided to me, have been verbally explained to me, and accompanied with a treatment plan, printed informational document(s), procedural consent forms, and/or informational consents for "C-Codes" with a refusal option on the same page.
4. I have freely chosen to self-pay for "C-Codes" knowing that they are not covered by my dental discount/insurance plan.

I have read this "Election to Self-Pay for Services" form and have had the opportunity to ask any questions I may have. Any questions I may have had about this form have been answered to my satisfaction.

Patient's Name

Signature of Patient, Legal Guardian,
or Authorized Representative

Date



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