DRS MINTZ & ABBOTT LLC

CPAP Intolerance / Non-Compliance Affidavit

Patient Name : _____ Date : ____/_____/_____

I have attempted to use a CPAP device to manage my sleep-related breathing disorder and find it intolerable to use on a regular basis for the following reason(s):

_____ The Mask Leaks

_____ Mask and/or device is uncomfortable

_____ I cannot sleep with the CPAP mask and equipment in place

_____The noise from the device disturbs me and/or my bed partner's sleep

_____CPAP does not seem to be effective in reducing/eliminating my symptoms

_____I have tried multiple masks and none are comfortable to use

_____I developed sinus/ear/throat infections

_____I am claustrophobic

_____I have an allergy to the mask material

_____My job/lifestyle prevents nightly use (Army, Reserves, Truck Driver)

_____I no longer wear the CPAP device

_____Other_____

I have not attempted to use a CPAP device and would prefer to use an oral appliance for the following reason(s):

_____ I suffer from claustrophobia

_____ I have an allergy to the mask material

_____ I travel frequently and am worried that a CPAP device will be cumbersome to transport

_____ I am worried that the CPAP will be uncomfortable and disturb myself or bed partner

_____ I have mild to moderate OSA and was informed by my physician that an oral device is equivalent

Because of my intolerance or inability to use CPAP to effectively treat my condition, I wish to utilize an adjustable mandibular oral appliance (E0486) to treat my obstructive sleep apnea.

Patient Signature: _____ Date: ____/____/_____

DRS MINTZ & ABBOTT LLC
Jeremy J. Abbott, DDS
6010 Executive Blvd. Suite 500
Rockville, MD 20852
301-530-8570 Fax: 301-530-8572

EPWORTH SLEEPINESS SCALE

The following sleepiness scale can be helpful in determining how much sleeping disorder you have. How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Use the following scale to choose the most appropriate number for each situation.

0 = would *never* doze
1 = *slight* chance of dozing
2 = *moderate* chance of dozing
3 = *high* chance of dozing

Situation	**Chance of dozing**
Sitting and reading	_____
Watching TV	_____
Sitting, inactive in a public place (theater or movie)	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon	_____
Sitting and talking to someone	_____
Sitting quietly after a lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____

_____ _____
Patient Signature Date

Drs. Mintz & Abbott, LLC
Jeremy J. Abbott, DDS
Diplomate, American Board of Orofacial Pain

6010 Executive Blvd.
Suite 500
Rockville, MD 20852
Phone: 301-530-8570
www.sleep-tmj.com

PERSONAL REPRESENTATIVE, FAMILY OR OTHER ENTITIES AUTHORIZED ACCESS TO PROTECTED INFORMATION TO BE USED AND/OR DISCLOSE (OPTIONAL)

Name or specifically identify a person and/or entities you are authorizing to make use of and/or to disclose your protected health information regarding treatment, payment, and other healthcare operations.

Name of Authorized Person or Entity Relationship Phone Number

_____

Name of Authorized Person or Entity Relationship Phone Number

_____

AUTHORIZATION FOR USE OF USPS MAIL, ANSWERING MACHINE, EMAIL AND/OR VOICEMAIL

DRS MINTZ & ABBOTT LLC dentists and healthcare staff routinely are unable to contact patients directly during normal business hours. On these occasions, our offices leave messages on communication devices provided by our patients. Due to the new federally mandated HIPPA Privacy Rule, we must obtain your authorization to continue this mode of communication. Protected Healthcare Information that we may possibly disclose on your home, work, mobile phone and current home address on file would include but is not limited to prescriptions/pharmacy information, test or lab results, treatment plans, future orders, appointment instructions for visits and procedures, and clinical information.

_____ (Initial) I agree to allow DRS MINTZ & ABBOTT LLC dentists and healthcare staff, to leave messages that may include Protected Healthcare Information. Please initial next to the applicable communication devices:

_____home phone number _____work phone number _____mobile number _____USPS Mail _____email

_____ (Initial) No, I do not agree to allow DRS MINTZ & ABBOTT LLC dentists and healthcare staff to leave messages that may include Protected Healthcare Information on my home, work, and cell phone.

_____ _____
Patient's Signature DATE

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Jeremy J. Abbott, DDS
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BILLING PROCEDURES

We welcome you to our practice as either a new patient or returning patient and would like to review or update you on our billing procedures.

1. We ask all patients to provide their insurance card (unless self-pay) and a valid official photo ID at every visit. If you do not provide current proof of insurance, you may be billed as an uninsured patient (i.e. self-pay).

2. Currently, we are participating providers for **Tricare** (Prime and Select Plans), **Medicare Part B** (we do not participate with Medicare Advantage Plans), and the local **CareFirst BlueCross Blue Shield Plans** We do not participate with any dental insurance plans.

3. If you are covered under any other insurance carrier, you are expected to pay at the time of service. It is your responsibility to verify with your insurance company if a referral, prior authorization, or prior determination is needed. Our staff will help you by submitting claim forms to your insurance company requesting reimbursement. We also offer payment arrangements, ask one of our staff members for more information.

4. If you are covered under **Tricare Prime**, we must receive an authorization prior to your visit. For Tricare Select plans, we will pre-authorize your visit and treatment. There is no co-pay due for Active-Duty Tricare Prime beneficiaries. Retirees or dependents under Tricare Prime or Tricare Select are subject to co-pay charges or co-insurance depending upon your specific plan. Co-pays or co-insurance costs are due at the time of services rendered.

5. **If you are covered under Medicare Part B,** you will have to meet certain Medicare mandated requirements for certain services. All necessary documentation will be requested prior to your visit. You might have to pay a small portion if your secondary insurance does not cover a particular service. Some procedures are not covered under Medicare, and you will need to sign an ABN form and make payments.

6. Coverage for **CareFirst and BlueCross BlueShield** plans vary among each policy. You are responsible for understanding the limitations of your insurance policy including:
   - **Referrals: Check with your plan if a referral or authorization is necessary for office visits or services. (If it is required and you do not have the appropriate referral or authorization, you may be billed as an uninsured patient).**
   - Any co-payment, co-insurance or deductible that may apply.

7. Patients or their legal representative are ultimately responsible for all charges for services provided. As a convenience to you, we accept VISA, MasterCard, AMEX, Discover, checks, and cash.

I have read the above and accept financial responsibility for the services rendered.

_____

Patient/Guardian **Signature Date**

DRS MINTZ & ABBOTT LLC
JEREMY J. ABBOTT, DDS
INFORMED CONSENT FOR THE TREATMENT OF SNORING AND/OR OBSTRUCTIVE SLEEP APNEA WITH ORAL APPLIANCES

Snoring and obstructive sleep apnea are both breathing disorders that occur during sleep. Snoring is a noise created by the partial closure of the airway and may often be no more problematic than the noise itself. However, consistent, loud, heavy snoring has been linked to medical disorders such as high blood pressure. Obstructive Sleep Apnea is a serious condition where the airway totally closes many times during the night and can significantly reduce oxygen levels in the body and disrupt sleep. In varying degrees, this can result in excessive daytime sleepiness, irregular heartbeat, high blood pressure and occasionally heart attack and stroke. Because any sleep disordered breathing may potentially represent a health risk, all individuals are advised to consult with their physician or sleep specialist for accurate diagnosis of their condition before treatment can be started.

Oral appliances may be helpful in the treatment of snoring and sleep apnea. Those diagnosed with mild or moderate sleep apnea are better candidates for improvement with this therapy than those severely affected. Oral appliances are designed to assist breathing by keeping the tongue and/or lower jaw forward thereby opening the airway space in the throat. While documented evidence exists that oral appliances have substantially reduced snoring and sleep apnea for many people, there are no guarantees this therapy will be successful for every individual. Several factors contribute to the snoring/apnea condition including nasal obstruction, narrow airway space in the throat and excess weight. Since each person is different and presents with unique circumstances, oral appliances will not reduce snoring and/or apnea for everyone. Furthermore, some people may not be able to tolerate the appliance in their mouth. Also, many individuals will develop temporary adverse side effects such as excessive salivation, sore jaw joints, sore teeth, and a slight change in their "bite". However, these usually diminish within an hour after appliance removal in the morning. For about 10%, a permanent "bite" change may occur. This may or may not require therapy. It is extremely unlikely, though possible, that dental restorations could be damaged or dislodged as a result of the fabrication and wearing of these appliances. You must be willing to accept risks or costs associated with this therapy. We perform no dentistry nor give guarantees for success.

For adjustable oral appliances, there will be a lab charge for resetting the mechanism beyond its initial setting for further jaw advancement.

It is advised that the oral appliance be checked at least on an annual basis to ensure proper fit and that the mouth be examined at that time to assure a healthy condition. If any unusual symptoms occur, it is recommended that the appliance not be worn until an office visit is scheduled to evaluate the situation.

Individuals who have been diagnosed as having sleep apnea may notice that after sleeping with an oral appliance, they feel more refreshed and alert during the day. This is only subjective evidence of improvement and may be misleading. The only way to accurately measure is to have a follow-up sleep test while wearing the appliance. This is must for apnea patients.

Please sign below indicating that you have read and understand this information concerning oral appliances for the treatment of snoring and/or sleep apnea, and that you are willing to accept any and all risks known and unknown involved. You will receive a copy of this consent.

_____ _____
Patient/Guardian Date

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT
I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

_____ _____
Patient/Guardian Date

Notice of Privacy Practices

Drs. Mintz and Abbott, LLC 6010 Executive Boulevard #500, Rockville, MD 20852 (301) 530-8570 (301) 530-8572 Fax

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state laws to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect August 10, 2011 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including medical information we created or received before we made the changes.

You may request a copy of our notice (or any subsequent revised notice) at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Protected Health Information

We will use and disclose your protected health information about you for treatment, payment, and health care operations. Following are examples of the types of uses and disclosures of your protected health care information that may occur. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: With patient's consent, we will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. We will also disclose protected health information to other doctors who may be treating you. Your protected health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time to time to another doctor or health care provider (e.g., a specialist or laboratory) who, at the request of your doctor, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your doctor.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for protected health necessity, and undertaking utilization review activities.

Health Care Operations: We may use or disclose, as needed, your protected health information in order to conduct certain business and operational activities. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice.

For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your doctor is ready to see you. We may use or disclose your protected health information, as necessary, to contact you by telephone or mail to remind you of your appointment. We may use or disclose health information to notify or help notify: a family member, your personal representative or another person responsible for your care. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, dental supplies, x-ray or other dental information for you.

Uses and Disclosures Based On Your Written Authorization: Other uses and disclosures of your protected health information will be made only with your authorization, unless otherwise permitted or required by law as described below.

You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we will not disclose your health care information except as described in this notice.

Others Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

Funeral Director, Coroner, and Medical Examiner: We may disclose the protected health information of a deceased person to a coroner, protected health examiner, funeral director, or an organ procurement organization.

Public Health and Safety: We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose your protected health information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes. We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. We may share health information when necessary to prevent a serious threat to your health or safety or the health or safety of others.

Health Oversight Activities: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws. We may use or disclose your protected health information when we are required to do so by law. For example, we must disclose your protected health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws.

Workers Compensation: We may disclose your protected health information when authorized or necessary to comply with workers' compensation or similar laws.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Court Orders and Judicial and Administrative Proceedings: We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your protected health information to law enforcement officials.

Law Enforcement: We may disclose limited information to a law enforcement official concerning the protected health information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the protected health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances. We may disclose protected health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

Patient Rights

Access: You have the right to look at or get copies of your protected health information, with limited exceptions. You must make a request in writing to the contact person listed herein to obtain access to your protected health information. You may

also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you to locate, copy your protected health information, and to mail these copies to you.

Accounting of Disclosures: You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, health care operations and certain other activities after August 10, 2011. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Restriction Requests: You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

Confidential Communication: You have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location. You must make your request in writing. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to bill and collect payment from you.

Amendment: You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people or entities you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information below. If you believe that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made, you may complain to us using the contact information below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services