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## **TREATMENT POLICIES, FINANCIAL POLICIES, & NOTICE OF PRIVACY PRACTICES (HIPAA)**

### **PATIENT TREATMENT AND FINANCIAL POLICY**

#### **WELCOME**

Welcome to our dental family, and thank you for choosing us as your dental care provider. We look forward to serving your dental needs for years to come.

#### **TREATMENT AND FINANCIAL POLICY**

In order to control your billing cost, full payment is required on the day of service unless prior arrangements have been made. Please ask if you are interested in learning about third-party financing (CareCredit), which may allow you to finance your treatment in low monthly payments.

Any amount not covered by your insurance company should be paid by the insured within 30 days or a finance charge of 1.5% a month will be applied.

Senior citizens 65 years and older who do not have insurance will receive a 5% discount.

There will be a \$30.00 charge for any returned checks.

There will be a \$50.00 fee for any appointment that's broken or cancelled without 24-hour notice.

QC Dental Docs, P.C. complies with applicable Federal Civil Rights Laws and does not discriminate on the base of race, color, national origin, age, or sex.

If you have dental insurance assisting you in payment, we will be happy to process your claim as a courtesy when you provide your insurance information and ID card. Please remember that your insurance policy is a contract between you and your insurance company; we are not a party to that contract. As a courtesy to you, our office will gladly provide certain services, including submitting claims for payment to the insurance provider and pre-treatment estimates which can be sent to the insurance company at your request. It is impossible for us to have the knowledge and keep track of every aspect of your insurance. It is up to you to contact your insurance company and inquire as to what benefits you or your employer has purchased.

Please be aware some or perhaps all of the services provided may or may not be covered by your insurance policy. You are responsible for any deductible, co-insurance, or balances not paid by insurance. Questions regarding coverage or estimates should be resolved prior to treatment and it is your responsibility to have these questions answered prior to treatment to minimize any confusion on your behalf. Please see the phone number on the back of your insurance card if you have any questions on the way your insurance company will pay. If you did not receive an insurance card and have questions, please ask your insurance agent or human resources department.

We are **not in-network** for Iowa Medicaid, Iowa Wellness Plan, Iowa Wellness Plan Kids, or Delta Dental of Iowa Medicare Supplemental Plans. We **are in-network** with Delta Dental Premier, United Healthcare, United Concordia, and Wellmark Blue Dental.

## SIGNATURE ON FILE

By signing, you are financially responsible for all charges (whether or not paid by insurance), and you authorize the release of information necessary to secure payment and authorize payment of benefits directly to the dentist.

I hereby authorize said assignee to release all information necessary to secure payment, and I authorize payment directly to the above-named dentist of the group insurance benefits otherwise payable to me.

## PATIENT DISMISSAL

The standard of care at our office includes the legal duty to continue caring for patients of record. If any irreconcilable doctor conflict results in the determination that we cannot continue care for you at or above the required standard of care, we're obligated to end the relationship.

## APPOINTMENT REMINDERS

We may use or disclose your health information to provide you with appointment reminders (such as voice messages, text messages, email messages, post cards or letters). We may use third-party service providers to send emails, texts, or other communications to you on our behalf, including patient satisfaction surveys. These service providers are prohibited from using your email address, phone number, address, or other contact information for any other purpose other than to send communications on our behalf. It is our intention to only send email and text message communications that would be useful to you and that you would want to receive. When you provide us with your email address, phone number and address as part of the registration or appointment setting process; we will place you on our list of patients to receive informational emails and text messages. Each time you receive an informational email or text message, you will be provided the choice to "opt-out" of future messages by following the instructions provided.

## NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our office complies with HIPAA regulations. Please read the detailed description of the Notice of Privacy Practices. The privacy of your health is important to us. We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it. This notice describes the privacy practices of QC Dental Docs, P.C. "We" and "our" means the dental practice. "I", "you", and "your" means the patient.

We, like all other dental practices, are required by applicable federal and state law to maintain the privacy and security of your health information. We acknowledge that there may be certain state and federal laws which are more stringent than the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In the event a state or federal law is more stringent than HIPAA, we will continue to abide by those more stringent state or federal laws, as applicable. We are required to promptly notify you in the event that a breach of your healthcare information has occurred and has compromised the privacy security of your information. We must follow the privacy practices that are described in this notice while it is in effect. This notice went into effect April 14, 2003, with the latest revision on February 16<sup>th</sup>, 2026, and will remain in effect until modified or replaced.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information at the end of this notice.

## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Treatment – We may use and disclose your health information for your treatment to other healthcare professionals; setting up an appointment for you; examining your teeth; prescribing medications and electronically sending them to be filled; referring you to another doctor or clinic for other healthcare services; getting copies of your health information from another professional that you have seen before us.

Payment – We may use and disclose your health information to obtain reimbursement for treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, and for collecting unpaid amounts either ourselves or through a collection agency or attorney; or another third party. For example, we may send claims to your dental health plan containing your information.

Healthcare Operations – We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conduction training programs, and licensing activities.

Individuals Involved in Your Care or Payment for Your Care – We disclose your health information to your family or friends or any other individual identified by you when they participate in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Disaster Relief – We may use or disclose your health information to assist in disaster relief efforts.

Required by Law – We may use or disclose your health information when we are required to do so by law.

Public Health Activities – We may disclose your health information for public health activities, including disclosures to:

- Prevent or control disease, injury or disability
- Report child abuse or neglect
- Report reactions to medications or problems with products or devices
- Notify a person of a recall, repair, or replacement of products or devices
- Notify a person who may have been exposed to a disease or condition
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence

National Security – We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials' health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

Secretary of HHS – We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

Worker's Compensation – We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Law Enforcement – We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

Health Oversight Activities – We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor healthcare systems, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings – If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in a dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Research – We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, Medical Examiners, and Funeral Directors – We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to perform their duties.

Fundraising – We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.

Appointment Reminders – We may use or disclose your health information to provide you with appointment reminders (such as voice messages, text messages, email messages, post cards or letters). We may use third-party service providers to send emails, texts, or other communications to you on our behalf, including patient satisfaction surveys. These service providers are prohibited from using your email address, phone number, address, or other contact information for any other purpose other than to send communications on our behalf. It is our intention to only send email and text message communications that would be useful to you and that you would want to receive. When you provide us with your email address, phone number and address as part of the registration or appointment setting process; we will place you on our list of patients to receive informational emails and text messages. Each time you receive an informational email or text message, you will be provided the choice to "opt -out" of future messages by following the instructions provided.

SUD Treatment Information – If we receive or maintain any information about you from a substance abuse disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us.

In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

## OTHER USES AND DISCLOSURES OF PHI

Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already acted in reliance on the authorization.

## YOUR HEALTH INFORMATION RIGHTS

Access – You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. Contact us using the information listed at the end of this Notice for an explanation of our fee structure.

If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Disclosure Accounting – With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.

Right to Request a Restriction – You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure of both, and (3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

Alternative Communication – You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide a satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

Amendment – You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Rights of Notification of a Breach – You will receive notifications of breaches of your unsecured protected health information as required by law.

Electronic Notice – You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our Web site or by electronic mail (e-mail).

## QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or alternative locations, you may complain to us using the contact information listed at the end of this Notice. You may also 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 the privacy of your 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.

### Privacy Official Name and Contact Information:

QC Dental Docs, P.C. – Sarah Costello  
3024 Victoria Street  
Bettendorf, IA 52722  
Email: qcdentaldocs@securepracticemail.com  
Phone: 563-332-2447  
Fax: 563-332-9787

Or feel free to contact the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C., 20201, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/), or by calling 1-877-696-6775.

ACKNOWLEDGEMENT OF RECEIPT OF TREATMENT POLICIES, FINANCIAL POLICIES, & NOTICE OF PRIVACY PRACTICES (HIPAA)

I acknowledge that I received a copy of the notice of Privacy Practices, and Treatment and Financial Polices. I authorize the dental staff to perform any necessary dental services that I may need during diagnosis and treatment with my informed consent. The undersigned responsible party, agrees to be personally responsible for all charges. All past due accounts are subject to a finance charge of 1.5% per month or maximum rate allowed by law. If, at any time, or for any reason, the undersigned is unable to pay for services when due, the undersigned agrees to pay and authorize QC Dental Docs, P.C. to bill their account finance charges as described above. I agree to be personally responsible for all charges, if at any time or any reason, the undersigned is unable to pay for services when due as agreed and in the event it becomes necessary for QC Dental Docs, P.C. to inquire collection fees and expenses, including reasonable attorney's fees and court cost, plus all legal fees if incurred for collection, and submits to jurisdiction and venue in Scott County, Iowa. I hereby certify that I have read and agree to the above terms.