



**Day of Surgery  
Informational  
Booklet**

# **DO NOT LEAVE YOUR CHILD UNATTENDED**

Unless they are in Surgery or in the Recovery Unit with Direct Supervision of Medical Staff.

The Parent/Responsible Party **MUST** remain at the facility while the patient is in Surgery and Recovery.

The Parent/Responsible Party **MUST** make necessary transportation arrangements prior to discharge, allowing the patient to return home in a safe manner.

Violation will result in notification to Local Law Enforcement and your child will be discharged to the Proper Authorities.

# **NOTICE**

**Salida Surgery Center is NOT  
financially or personally  
responsible for any belongings  
left behind.**

**Please ensure that all patient and  
family member's belongings are  
taken upon leaving.**

**Thank You**

# THINGS YOU NEED TO KNOW ABOUT TODAY'S SURGERY PROCEDURE

1. You must be prepared to be here for a total of **3-6 hours**. Surgery is a process. The **3-6 hours** includes wait time, pre-operative exam, surgery procedure, recovery, and discharge. Wait times will be prolonged if you arrive to your appointment unprepared or late. We understand that the wait times can sometimes be bothersome but unfortunately, unforeseen circumstances do arise and cause longer than usual wait times. Please be patient with us. We are working hard to ensure that your child and every other child scheduled today receive the highest quality of care.
2. **DO NOT BRING/CONSUME FOOD OR DRINKS IN THE WAITING AREA.** Children are fasting and become easily upset when watching someone eat or drink while they are not allowed to do so. Every child that is here for surgery must be on an empty stomach. There are life-threatening safety risks of undergoing general anesthesia with food and drinks in the stomach. Having food or drinks in the waiting area also increases the chances of a surgery patient eating or drinking and possibly having their surgery case canceled.
3. **DO NOT LEAVE YOUR CHILD UNATTENDED UNLESS UNDER THE CARE OF THE PHYSICIAN.** CHILDREN ARE NOT TO BE LEFT ALONE WITHOUT ADULT SUPERVISION IN THE WAITING AREA OR BATHROOM.
4. The Surgery Center is not to be held responsible for lost or stolen items. Please do not leave your personal belongings unattended.
5. The patient must shower or bathe and wear newly washed clothes.
6. We are a **Complete Oral Dental Rehabilitation (CODR)** facility, which means that all treatment that is diagnosed by our surgeons' will be completed on the day of surgery. There is no picking or choosing which treatment will be completed. Refusal of treatment will result in the patient being brought out of General Anesthesia and discharged home; as well as the information sent to the referring office letting them know of refusal of treatment. Refusal of treatment will also result in the patient no longer being allowed to be seen in our facility.

## HIPAA Notice of Privacy Practices

Revised to reflect the 2013 HIPAA/HITECH Omnibus Final Rule

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. This Notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as Protected Health Information (PHI). The Notice also describes the privacy rights you have and how you can exercise those rights. Please review it carefully.

If you have any questions about this Notice, please contact *The Administrator @ 209-543-9299*

This Notice is effective on November 17, 2014

### OUR COMMITMENT TO YOUR PERSONAL HEALTH INFORMATION

Salida Surgery Center, Dental Group is committed to maintaining and protecting the confidentiality of our patient's personal information. This Notice of Privacy Practices applies to Salida Surgery Center, Dental Group dental plans collectively, the Plans. The Plans are required by federal and state law to protect the privacy of your individually identifiable health information and other personal information. We are required to provide you with this Notice about our policies, safeguards, and practices. When the Plans use or disclose your PHI, the Plans are bound by the terms of this Notice, or the revised Notice, if applicable.

### OUR OBLIGATIONS

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

*For Treatment:* We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

*For Payment:* We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

*For Health Care Operations:* We may use and disclose Health Information for healthcare operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. We also may share information with other entities that have a relationship with you (for example, your health plan) for their healthcare operation activities.

*Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services:* We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

*Individuals Involved in Your Care or Payment for Your Care:* When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

*Research:* Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

### SPECIAL SITUATIONS

As required by law, Salida Surgery Center will disclose Health Information when required to do so by international, federal, state, or local law.

*To Avert a Serious Threat to Health or Safety:* We may use and disclose Health Information when necessary to prevent a serious

threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

*Business Associates:* We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

*Organ and Tissue Donation:* If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in the procurement, banking, or transportation of organs.

*Military and Veterans:* If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

*Workers' Compensation:* We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

*Public Health Risks:* We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

*Health Oversight Activities:* We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

*Data Breach Notification Purposes:* We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

*Lawsuits and Disputes:* If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful processes by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

*Law Enforcement:* We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

*Coroners, Medical Examiners, and Funeral Directors:* We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

*National Security and Intelligence Activities:* We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

*Protective Services for the President and Others:* We may disclose Health Information to authorize federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

*Inmates or Individuals in Custody:* If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT-OUT**

*Individuals Involved in Your Care or Payment for Your 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.

*Disaster Relief:* We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so. YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES.

#### **THE FOLLOWING USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION WILL BE MADE ONLY WITH YOUR WRITTEN AUTHORIZATION**

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

#### **YOUR RIGHTS**

You have the following rights regarding Health Information we have about you:

*Right to Inspect and Copy:* You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to The Administrator in person or by mail *Salida Surgery Center Attn: The Administrator, 5712 Pirrone Rd. Salida, CA 95368*. We have up to 15 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. *The copy fee is \$25.00 per hour and \$0.25 per page, color photos are \$5.00, and duplicate x-rays are \$10.00 per set*. We will not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

*Right to an Electronic Copy of Electronic Medical Records:* If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

*Right to Get Notice of a Breach:* You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

*Right to Amend:* If you feel that Health Information, we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to *Salida Surgery Center Attn: The Administrator, 5712 Pirrone Rd., Salida, CA 95368*

*Right to an Accounting of Disclosures:* You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment, and healthcare operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to *Salida Surgery Center Attn: The Administrator, 5712 Pirrone Rd., Salida, CA 95368*

*Right to Request Restrictions:* You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to *Salida Surgery Center Attn: The Administrator, 5712 Pirrone Rd., Salida, CA 95368*. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

*Out-of-Pocket-Payments:* If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full

for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

*Right to Request Confidential Communications:* You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to *Salida Surgery Center Attn: The Administrator, 5712 Pirrone Rd., Salida, CA 95368*. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

*Right to a Paper Copy of This Notice:* You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our office or with:

U.S. Department of Health and Human Services  
200 Independence Avenue  
S.W. Room 509F HHH Bldg.  
Washington, D.C. 20201.

[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

To file a complaint with our office, contact *Salida Surgery Center Attn: The Administrator, 5712 Pirrone Rd., Salida, CA 95368, 209-543-9299*. All complaints must be made in writing. You will not be penalized for filing a complaint.

## **OWNERSHIP**

Salida Surgery Center, Dental Group is a for-profit Corporation owned by Pankaj K. Patel, DMD, and Shailesh K. Patel, DDS, with 75% and 25% respectively financial interest in the function and performance of the said Salida Surgery Center, Dental Group.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

The Plans may change the terms of this Notice at any time. If the Plans change this Notice, the Plans may make the new Notice terms effective for all of your PHI that the Plans maintain, including any information the Plans created or received before we issued the new Notice. If the Plans change this Notice, the Plans will make it available to you

## **Advance Directive and Do Not Resuscitate Orders**

### **What is an advance directive?**

An advance directive tells your doctor what kind of care you would like to have if you become unable to make medical decisions (if you are in a coma, for example). If you are admitted to the hospital, the hospital staff will probably talk to you about advance directives.

A good advance directive describes the kind of treatment you would want depending on how sick you are. For example, the directives would describe what kind of care you want if you have an illness that you are unlikely to recover from, or if you are permanently unconscious. Advance directives usually tell your doctor that you don't want certain kinds of treatment. However, they can also say that you want a certain treatment no matter how ill you are.

Advance directives can take many forms. Laws about advance directives are different in each state. You should be aware of the laws in your state.

### **What is a living will?**

A living will is one type of advance directive. It is a written, legal document that describes the kind of medical treatments or life-sustaining treatments you would want if you were seriously or terminally ill. A living will doesn't let you select someone to make decisions for you.

### **What is a durable power of attorney for health care?**

A durable power of attorney (DPA) for health care is another kind of advance directive. A DPA states that you have chosen to make health care decisions for you. A DPA is generally more useful than a living will. But a DPA may not be a good choice if you don't have another person you trust to make these decisions for you.



Living wills and DPAs are legal in most states. Even if they aren't officially recognized by the law in your state, they can still guide your loved ones and doctor if you are unable to make decisions about your medical care. Ask your doctor, lawyer, or state representative about the law in your state.

### **What is a do not resuscitate order?**

A do not resuscitate (DNR) order is another kind of advance directive. A DNR is a request not to have cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing. (Unless given other instructions, hospital staff will try to help all patients whose heart has stopped or who have stopped breathing.) You can use an advance directive form or tell your medical chart by your doctor. DNR orders are accepted by doctors and hospitals in all states.

### **Should I have an advance directive?**

By creating an advance directive, you are making your preferences about medical care known before you're faced with a serious injury or illness. This will spare your loved ones the stress of making decisions about your care while you are sick. Any person 18 years of age or older can prepare an advance directive.

People who are seriously or terminally ill are more likely to have an advance directive. For example, someone with terminal cancer might write that she does not want to be put on a respirator if she stops breathing. This action can reduce her suffering, increase her peace of mind and increase her control over her death. However, even if you are in good health, you might want to consider writing an advance directive. An accident or serious illness can happen suddenly, and if you already have a signed advance directive, your wishes are more likely to be followed.

### **How can I write an advance directive?**

You can write an advance directive in several ways:

- Use a form provided by your doctor.
- Write your wishes down by yourself.
- Call your health department or state department on aging to get a form.
- Call a lawyer.
- Use a computer software package for legal documents.

Advance directives and living will's do not have to be complicated legal documents. They can be simple statements about what you want done or not done if you can't speak for yourself. Remember, anything you write by yourself or with a computer software package should follow your state laws. You may also want to have what you have written reviewed by your doctor or a lawyer to make sure your directives are understood exactly as you intended. When you are satisfied with your directives, the orders should be notarized if possible, and copies should be given to your family and your doctor.

### **Can I change my advance directive?**

You may change or cancel your advance directive at any time, as long as you are considered of sound mind to do so. Being of sound mind means that you are still able to think rationally and communicate your wishes in a clear manner. Again, your changes must be made, signed, and notarized according to laws in your state. Make sure that your doctor and any family members who knew about your directives are also aware that you have changed them.

If you do not have time to put your changes in writing, you can make them known while you are in the hospital. Tell your doctor and any family or friends present exactly what you want to happen. Usually, wishes that are made in person will be followed in place of the ones made earlier in writing. Be sure your instructions are clearly understood by everyone you have told.

## **Dental Materials Fact Sheet**

### **What About the Safety of Filling Materials?**

Patient health and the safety of dental treatments are the primary goals of California's dental professionals and the Dental Board of California. The purpose of this fact sheet is to provide you with information concerning the risks and benefits of all the dental materials used in the restoration (filling) of teeth.

The Dental Board of California is required by law\* to make this dental materials fact sheet available to every licensed dentist in the state of California. Your dentist, in turn, must provide this fact sheet to every new patient and all patients of record only once before beginning any dental filling procedure. As the patient or parent/guardian, you are strongly encouraged to discuss with your dentist the facts presented concerning the filling materials being considered for your particular treatment.

\* Business and Professions Code 1648.10-1648.20

## **Allergic Reactions to Dental Materials**

Components in dental fillings may have side effects or cause allergic reactions, just like other materials we may come in contact with in our daily lives. The risks of such reactions are very low for all types of filling materials. Such reactions can be caused by specific components of the filling materials such as mercury, nickel, chromium, and/or beryllium alloys. Usually, an allergy will reveal itself as a skin rash and is easily reversed when the individual is not in contact with the material.

There are no documented cases of allergic reactions to composite resin, glass ionomer, resin ionomer, or porcelain. However, there have been rare allergic responses reported with dental amalgam, porcelain fused to metal, gold alloys, and nickel or cobalt-chrome alloys.

If you suffer from allergies, discuss these potential problems with your dentist before a filling material is chosen.

## **Toxicity of Dental Materials**

### **Dental Amalgam**

Mercury in its elemental form is on the State of California's Proposition 65 list of chemicals known to the state to cause reproductive toxicity. Mercury may harm the developing brain of a child or fetus.

Dental amalgam is created by mixing elemental mercury (43-54%) and an alloy powder (46-57%) composed mainly of silver, tin, and copper. This has caused discussion about the risks of mercury in dental amalgam. Such mercury is emitted in minute amounts as vapor. Some concerns have been raised regarding possible toxicity. Scientific research continues on the safety of dental amalgam. According to the Centers for Disease Control and Prevention, there is scant evidence that the health of the vast majority of people with amalgam is compromised.

The Food and Drug Administration (FDA) and other public health organizations have investigated the safety of amalgam used in dental fillings. The conclusion: no valid scientific evidence has shown that amalgams cause harm to patients with dental restorations, except in rare cases of allergy. The World Health Organization reached a similar conclusion stating, "Amalgam restorations are safe and cost-effective."

A diversity of opinions exists regarding the safety of dental amalgams. Questions have been raised about its safety in pregnant women, children, and diabetics. However, scientific evidence and research literature in peer-reviewed scientific journals suggest that otherwise healthy women, children, and diabetics are not at an increased risk from dental amalgams in their mouths. The FDA places no restrictions on the use of dental amalgam.

### **Composite Resin**

Some Composite Resins include Crystalline Silica, which is on the State of California's Proposition 65 list of chemicals known to the state to cause cancer.

## **Dental Materials – Advantages & Disadvantages**

The durability of any dental restoration depends not only on the materials used but also on the method the dentist uses in placing the restoration. Other factors include the ancillary materials used in the procedure and the patient's cooperation during the procedure. The durability time of restoration will depend on your personal dental hygiene, your diet, and your chewing habits.

### **DENTAL AMALGAM FILLINGS**

Dental amalgam is a self-hardening mixture of silver-tin-copper alloy powder and liquid mercury and is sometimes referred to as silver fillings because of its color. It is often used as a filling material and replacement for broken teeth.

#### *Advantages*

- Durable; long-lasting
- Wears well; holds up well to the forces of biting
- Relatively inexpensive
- Generally completed in one visit
- Self-sealing; minimal-to-no shrinkage and resists leakage
- Resistance to further decay is high but can be difficult to find in the early stages
- Frequency of repair and replacement is low

#### *Disadvantages*

- Refer to "What About the Safety of Filling Materials"

- Gray-colored, not tooth-colored
- May darken as it corrodes; may stain teeth over time
- Requires removal of some healthy tooth
- In larger amalgam fillings, the remaining tooth may weaken and fracture
- Because metal can conduct hot and cold temperatures, there may be a temporary sensitivity to hot and cold.
- Contact with other metals may cause occasional, minute electrical flow

## **COMPOSITE RESIN FILLINGS**

Composite fillings are a mixture of powdered glass and plastic resin, sometimes referred to as white, plastic, or tooth-colored fillings. It is used for fillings, inlays, veneers, partial and complete crowns, or to repair portions of broken teeth.

### *Advantages*

- Strong and durable
- Tooth colored
- Single visit for fillings
- Resists breaking
- Maximum amount of tooth preserved
- Small risk of leakage if bonded only to enamel
- Does not corrode
- Generally, holds up well to the forces of biting depending on the product used
- Resistance to further decay is moderate and easy to find
- Frequency of repair or replacement is low to moderate

### *Disadvantages*

- Refer to “What About the Safety of Filling Materials”
- Moderate occurrence of tooth sensitivity; sensitive to dentist’s method of application
- Costs more than dental amalgam
- Material shrinks when hardened and could lead to further decay and/or temperature sensitivity
- Requires more than one visit for inlays, veneers, and crowns
- May wear faster than dental enamel
- May leak over time

## **PORCELAIN FUSED TO METAL**

This type of porcelain is a glass-like material that is “enameled” on top of metal shells. It is tooth-colored and is used for crowns and fixed bridges

### *Advantages*

- Good resistance to further decay if the restoration fits well
- Very durable, due to metal substructure
- The material does not cause tooth sensitivity
- Resists leakage because it can be shaped for a very accurate fit

### *Disadvantages*

- More tooth must be removed (than for porcelain) for the metal substructure
- Higher cost because it requires at least two office visits and laboratory services

## **GOLD ALLOY**

Gold alloy is a gold-colored mixture of gold, copper, and other metals and is used mainly for crowns and fixed bridges, and some partial denture frameworks

### *Advantages*

- Good resistance to further decay if the restoration fits well
- Excellent durability; does not fracture under stress
- Does not corrode in the mouth
- Minimal amount of tooth needs to be removed
- Wears well; does not cause excessive wear to opposing teeth
- Resists leakage because it can be shaped for a very accurate fit

### *Disadvantages*

- Is not tooth colored; alloy is yellow
- Conducts heat and cold; may irritate sensitive teeth
- High cost; requires at least two office visits

### **PORCELAIN (CERAMIC)**

Porcelain is a glass-like material formed into fillings or crowns using models of the prepared teeth. The material is tooth-colored and is used in inlays, veneers, crowns, and fixed bridges.

### *Advantages*

- Very little tooth needs to be removed for use as a veneer; more tooth needs to be removed for a crown because its strength is related to its bulk (size)
- Good resistance to further decay if the restoration fits well
- Is resistant to surface wear but can cause some wear on opposing teeth
- Resists leakage because it can be shaped for a very accurate fit
- The material does not cause tooth sensitivity

### *Disadvantages*

- Material is brittle and can break under biting forces
- May not be recommended for molar teeth
- Higher cost because it requires at least two office visits and laboratory services

### **NICKEL OR COBALT-CHROME ALLOYS**

Nickel or cobalt-chrome alloys are mixtures of nickel and chromium. They are a dark silver metal color and are used for crowns and fixed bridges and most partial denture frameworks.

### *Advantages*

- Good resistance to further decay if the restoration fits well
- Excellent durability; does not fracture under stress
- Does not corrode in the mouth
- Minimal amount of tooth needs to be removed
- Resists leakage because it can be shaped for a very accurate fit

### *Disadvantages*

- Is not tooth colored; alloy is a dark silver metal color
- Conducts heat and cold; may irritate sensitive teeth
- Can be abrasive to opposing teeth
- High cost; requires at least two office visits and laboratory services
- Slightly higher wear to opposing teeth

### **GLASS IONOMER CEMENT**

Glass ionomer cement is a self-hardening mixture of glass and organic acid. It is tooth-colored and varies in translucency. Glass ionomer is usually used for small fillings, cementing metal and porcelain/metal crowns, liners, and temporary restorations.

### *Advantages*

- Reasonably good esthetics
- May provide some help against decay because it releases fluoride
- Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- Material has a low incidence of producing tooth sensitivity
- Usually completed in one dental visit

### *Disadvantages*

- Cost is very similar to composite resin (which costs more than amalgam)

- Limited use because it is not recommended for biting surfaces in permanent teeth
- As it ages, this material may become rough and could increase the accumulation of plaque and the chance of periodontal disease
- Does not wear well; tends to crack over time and can be dislodged

## **RESIN-IONOMER CEMENT**

Resin ionomer cement is a mixture of glass and resin polymer and organic acid that hardens with exposure to a blue light used in the dental office. It is tooth-colored but more translucent than glass ionomer cement. It is most often used for small fillings, cementing metal, and porcelain metal crowns and liners.

### *Advantages*

- Very good esthetics
- May provide some help against decay because it releases fluoride
- Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- Good for non-biting surfaces
- May be used for short-term primary teeth restorations
- May hold up better than glass ionomer but not as well as composite
- Good resistance to leakage
- Material has a low incidence of producing tooth sensitivity
- Usually completed in one dental visit

### *Disadvantages*

- Cost is very similar to composite resin (which costs more than amalgam)
- Limited use because it is not recommended to restore the biting surfaces of adults
- Wears faster than composite and amalgam

**It is always a good idea to discuss any dental treatment thoroughly with your dentist.**

<b>Notice to Patients</b>
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**Proposition 65 Warning**

Dental Amalgam: used in many dental fillings, causes exposure to mercury, a chemical is known to the State of California to cause birth defects or other reproductive harm.

Root Canal treatments and restorations: including fillings, crowns, and bridges, use chemicals known to the State of California to cause cancer. Nitrous Oxide: Anesthetic gas is a chemical known to the state of California to cause birth defects or other reproductive harm. The U.S. Food and Drug Administration has studied the situation and approved for use of all dental restorative materials. Consult your Dentist to determine which materials are appropriate for your treatment.

# *No Surprises Act of the 2021*

## Consolidated Appropriations Act

This disclaimer serves to inform the prospective insurance subscriber/responsible party (hereafter “you”) that Salida Surgery Center nor its providers are contracted with any commercial medical insurance plans. Receiving treatment at this ambulatory surgery center is optional. You may seek care for your dependent from an available participating provider, with respect to your insurance plan or coverage. In doing so, you would not exceed the responsibility that would apply with respect to such an item or service that is furnished by a participating provider and /or facility.

The insurance plan(s) may require prior authorization or other care management limitations could apply in advance of receiving such items or services at this facility. Salida Surgery Center will attempt to obtain prior authorization for diagnosed treatment and expected items before the surgery appointment is scheduled. Prior authorization is not a guarantee of full payment.

In the event of uninsured or cash payment of uncovered services or items, in accordance with the Consolidated Appropriations Act, 2021, No Surprise Act, a Good Faith Estimate will be provided with detail before the surgery appointment or upon your request. The Good Faith Estimate shows the costs of items and services that are reasonably expected for your dependent’s health care needs. The estimate is based on information known at the time the estimate was created. Understand that payment of such charges may not accrue toward meeting any limitation that your insurance plan or coverage has in place, whether it be on cost sharing, in-network deductible, or out-of-pocket maximums.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows the responsible party to dispute (appeal) the bill. You may contact Salida Surgery Center to notify us that the billed charges are higher than the Good Faith Estimate. You may contact Salida Surgery Center to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) from the date on the original bill. There is a \$25 fee to use the dispute process. If the agency reviewing the dispute agrees with you then the Good Faith Estimate amount will be owed. If the agency disagrees with you and agrees with Salida Surgery Center, you will be required to pay the higher amount.

For questions, to learn more and/or get a form to start the process go to:

[www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) OR call **1-800-985-3059**.