



**Care Patients originating from Ryan White Provider-for Dental Services**

**Procedure:** To refer a Care patient to Greater Baden for Dental Care the following must occur:

- A. The referral must be faxed to Greater Baden 301-599-0463 (using GBMS's *Oral Health Referral Form* dated 7/9/09) for initial consult before first consultation appointment can be scheduled with subcontract dentist.
  - a. 1<sup>st</sup> appointments should only consist of initial exam (D0150-Comprehensive oral evaluation)
- B. Prior to an appointment being made at subcontract dentist, the following documents are required to be faxed to GBMS:
  - 1. Evidence of patient's income (i.e.: pay stubs, W-2s, in-kind letter, etc.)
  - 2. Copy of the oral health referral form (GBMS form)
  - 3. Copy of signed dental consent from the patient (GBMS form)
  - 4. Patient's most recent **viral load** and **CD-4** laboratory tests (must be within 6 months)
  - 5. Copy of signed Grievance Rights and Responsibilities (GBMS form)
  - 6. Copy of signed Confidentiality form (GBMS form)
- C. Any subsequent appointments (for additional required dental needs will be determined by dentist). Dentist will submit additional request for work, for pre-authorization directly to GBMS.
- D. GBMS will notify original referring case manager of the work completed to close the loop. (Please don't forget to include your phone and fax number in case there are questions and for follow up).

**Note: No other scenarios will be accepted without prior discussion with GBMS's Director of Program Management (301) 599-6379.**

ORAL HEALTH REFERRAL FORM

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous patient of  
Dr Daramy? Y / N



Request for Pre-authorization

Referred To: Greater Baden Medical Services, Inc. 301-599-0460  
(Provider's Name) (Phone Number)

Referring Agency Name : \_\_\_\_\_

Case Manager: \_\_\_\_\_  
(Case Manager Name) (Phone Number) (Fax Number) (email)

Which of the following do you provide? (check one)

Medical Case Management  Non-Medical Case Management

**PATIENT INFORMATION:**

Patient's Name: \_\_\_\_\_  
(LAST) (MI) (FIRST)

Patient's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Xpress ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ SS# \_\_\_\_/\_\_\_\_/\_\_\_\_ (not necessary if Xpres ID provided)

City, State, Zip code: \_\_\_\_\_ Phone#:( ) \_\_\_\_\_

Insurance: \_\_\_\_\_ (Health/Prescription)

ANNUAL HOUSEHOLD INCOME: \$ \_\_\_\_\_ # IN HOUSEHOLD: \_\_\_\_\_

I, the case manager have verified this patient's Ryan White eligibility  
within the past 6 months: \_\_\_\_\_ Date last assessed: \_\_\_\_/\_\_\_\_/\_\_\_\_

(case mgr signature) \_\_\_\_\_  
Proof of residency Y / N \_\_\_\_/\_\_\_\_/\_\_\_\_ (date last assessed)

Proof of insurance Y / N \_\_\_\_/\_\_\_\_/\_\_\_\_ (date last assessed)

Insurance Name: \_\_\_\_\_ Insurance ID: \_\_\_\_\_

Primary Care Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

**Service Requested:** Comprehensive Oral Exam-Dental Code: D0150  
Primary  
Diagnosis \_\_\_\_\_

**For GBMS use only** Approved by: \_\_\_\_\_ / Denied by: \_\_\_\_\_  
Date : \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason: \_\_\_\_\_

Attach copies of supporting documentation, including most recent CD4 count  Viral Load  (within 6 mos)  
Confidentiality  Grievance Rights & Responsibilities  Dental Consent for Treatment   
Proof of income  (check the boxes of attachments included)

Notes: \_\_\_\_\_

Fax this form and attachments to: Greater Baden Medical Services, Inc (301) 599-0463

**Greater Baden Medical Services, Inc.  
Dental Grievance and Rights and Responsibilities**

Attention Staff: This document  
must be updated annually.

Greater Baden Medical Services, Inc. believes each patient has the right to voice concerns. Each patient under our care is entitled to rights and responsibilities. We believe issues that violate these rights should be addressed in a timely and appropriate manner.

**Preliminary Action**

Before starting the grievance procedure, you are encouraged to try to resolve any concern or grievance directly with the staff concerned, mediated by the dental provider or the Director of Program Management.

**Process:**

1. Please submit your concern in writing.
2. Please mail your concern to:  
9440 Pennsylvania Ave. Suite 160  
Upper Marlboro, MD 20772  
(Attention: Director of Program Management)
3. The **Director of Program Management** will read your concern or grievance and refer it to the person that can best respond to the issue.
4. If necessary, we may contact you for either clarification or to let you know how the issue is being addressed. If the patient with a grievance speaks a language other than English or is hearing impaired, GBMS will provide an interpreter, if necessary, to assist with a resolution.
5. The **Performance Improvement** team will also review all complaints on a monthly basis and findings will be shared with Greater Baden's Board of Directors.
6. If the patient making the grievance is not satisfied with the **Performance Improvement** decision, the organization will forward within 5 business days all written documents regarding the unresolved grievance to the Suburban Maryland Administrative Agency (SMAA), pending your giving permission to this Administrative Agency the right to review the grievance.
7. Patients can access the DC EMA funded **NAPWA Consumer Advocacy Project** :  
8401 Colesville Road, Suite 750  
Silver Spring, MD 20910  
Toll-free: 1-866-846-9366 / Fax: 240-247-0574  
E-mail: [advocate@napwa.org](mailto:advocate@napwa.org)  
Website: [www.napwa.org](http://www.napwa.org)

***By signing this document, I agree that I have been given a copy of the grievance procedure as well as a document informing me of my rights and responsibilities.  
I understand these documents must be reviewed with me annually.***

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**GREATER BADEN MEDICAL SERVICES, INC.**

**Acknowledgement of Receipt of Notice of Privacy Practice**

I \_\_\_\_\_, have received the Notice of Privacy Practices from Greater Baden Medical Services, Inc.

X \_\_\_\_\_

Date: \_\_\_\_\_

In Lieu of patient signature, I \_\_\_\_\_, a staff member of Greater Baden Medical Services, Inc., state that \_\_\_\_\_ has been given our current Notice of Privacy Practices.

X \_\_\_\_\_

Date: \_\_\_\_\_

### Your rights (continued)

- If you feel the information is incorrect or incomplete you can change it.
- You can get a list of whom your health information has been sent to.
- You can limit who we give the information to about your treatment, payments or health care.
  - But we are not required to agree with your request; if we cannot make sure we can do this or it can negatively impact on the care we give you.
- You can tell us how we can communicate with you, how we can do it and where we can do it.
- You can get a copy of this notice any time.
- We can change this notice any time.
- You can get an update every time you come in.
- You can file a complaint if you feel your right to privacy has been violated.
- You can take away your permission which you gave us to share your information.
- But we cannot take back any information we have already sent out with your permission.

**Greater Baden Medical Services, Inc.**  
Administrative Offices  
Melwood Professional Center, Suite 160  
9440 Pennsylvania Avenue  
Upper Marlboro, MD 20772-3687  
Telephone (301) 599-0460  
Fax (301) 599-0463

**Greater Baden Health Services**  
13605 Baden Westwood Road  
Brandywine, MD 20613  
Telephone (301) 888-2233  
Fax (301) 888-9133

**Nanjemoy Health Services**  
4375 Port Tobacco Road, Suite 101  
Nanjemoy, MD 20662  
Telephone (301) 753-4630  
Fax (301) 753-4562

**St. Mary's Health Center**  
23140 Moakley Street, Suite 4  
Leonardtown, MD 20650  
Telephone (301) 997-1029  
Fax (301) 997-1489

**Walker Mill Health Center**  
1458 Addison Road South  
Capitol Heights, MD 20743  
Telephone (301) 324-1500  
Fax (301) 324-6405

**Glenarden Apartments Health Center**  
3028 Brightseat Road Suite 104  
Lanham, Maryland 20706  
Telephone (301)772-6905  
Fax (301)772-6908



## HIPAA

(Health Information  
Portability and  
Accountability Act of 1996)

## Notice of Privacy Practices

## **Greater Baden Medical Services, Inc.**

### **HIPAA Notice of Privacy Practices**

Effective Date: April 1, 2003

The following notice is to let you know how information about your health can be:

- Used
- Given out
- or how you can get it

We try hard to make sure that information about your health is protected and private.

We keep this information in records that help us give you good care.

We use your health information to give you health care treatment and services.

**We can give this information to people taking care of you like:**

- doctors
- nurses
- technicians
- health students

These people may work in our office or at another office where we may refer you for treatment.

We may share your health information so your medical bills can be collected from you, your insurance company or someone else.

**We may use this information to improve the services we offer to you and others:**

The laws of the United States, the State or your local area, sometimes tells us how to use this information...For example:

- We can use it to prevent a serious threat to you in health or safety or the health and safety of others but we can give it only to the person who can help prevent the threat.
- We can give it as required by the military or the Department of Veterans Affairs if you are a member of the armed services or are separated or discharged from the military.
- We might need to give it to Workers' Compensation
- We might need to give it for public health agencies to:
  - prevent disease
  - control disease, injury, disability
  - report birth or death
  - report child abuse or neglect
  - report reactions to medications
  - report problems with products
- We might need to notify people about recalls of product or medicines
- We might give it to agencies that watch over us to give you good care.
- To answer to a court order
- To answer to a law enforcement official

- To report certain injuries that the law requires us to report.
- To locate a suspected fugitive or missing person
- To tell about a victim of a crime.
- To tell about a death that may be a result of criminal action.
- To tell about criminal conduct at our center.
- To report a crime in an emergency
- To give information to the coroner or health examiner
- We might give it to federal officials for intelligence, counter intelligence or for national security.
- We might give it to people who protect the President, other authorized persons or heads of states from other countries.
- We might give it if you are an inmate of a correctional institution for them to:
  - Give you good health care
  - Protect your health and safety
  - Protect others health and safety
  - Protect safety or security of the institution

**These are your rights about your health information:**

- You can inspect and copy information from your health record and bills. But this does not include psychotherapy notes.
- You can be denied your request but there is a process that your request can be reconsidered.



INFORMED CONSENT FOR CONTRACTED DENTAL SERVICES

I \_\_\_\_\_ hereby voluntarily consent to receive  
(Patient)  
consultative, preventative, and diagnostic procedures such as: examinations, cleanings, and  
x-rays at Daramy Dental, Inc.

I understand that I have the right to refuse any recommended treatment or procedure.

I understand that options for alternative treatment not available at Daramy Dental, Inc. will be  
discussed with me at the time of my appointment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient/Parent or Guardian

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **GREATER BADEN MEDICAL SERVICES, INC.**

### **Patient Rights and Responsibilities**

**As a patient of Greater Baden Medical Services, Inc. you have the following rights:**

1. A personal provider will see you on an on-going basis.
2. Competent, considerate and respectful care.
3. A second medical opinion from the provider/dentist of your choice, at your expense.
4. A complete and easily understood explanation of your condition, treatment and chances for recovery.
5. The appropriate assessment and management of pain.
6. The personal inspection of your own medical/dental records in the presence of your medical provider.
7. Complete confidentiality of all communications and records pertaining to your medical/dental care.
8. Information about the medical/dental consequences of exercising your rights to refuse treatment.
9. The information necessary to give informed consent before beginning any treatment or procedure, except in emergencies.
10. An explanation of your medical bills regardless of the source of payment and an opportunity to personally examine your bill.
11. An explanation that Greater Baden Medical Services, Inc. will make every reasonable effort to overcome any cultural, language barriers that may exist between you and the staff.
12. You can file a grievance should a dispute arise regarding care and/or treatment.

**As a patient of Greater Baden Medical Services, Inc. you have the following responsibilities:**

1. Know your health care provider's name and title. A provider can be a doctor, dentist, certified registered nurse practitioner, social worker, nurse psychologist, physician's assistant, nutritionist, physical therapist, etc.

2. Give your provider correct and complete health information e.g. allergies, dental history, past and present illnesses, hospitalizations and medications.
3. Provide GBMS with your correct name, address, phone number and emergency contact, so we can reach you in the event of a schedule change or to give medical instructions. When application, give accurate insurance information and current insurance cards, including secondary insurance. Update all information each time you see your provider.
4. Sign a "release of information" form when asked so your doctor/dentist can get medical records from other providers.
5. Tell your provider about all prescriptions or "over the counter" medications you take. Bring your medicine bottles with you to your appointment.
6. Tell your provider about any change in your condition, reaction to medications or treatment.
7. Ask your provider questions when you do not understand your illness, treatment or medication instructions.
8. Follow your provider's advice. If you refuse treatment or refuse to follow instructions from your health care provider(s), you are responsible for the medical consequences.
9. Work with your provider in the appropriate assessment of pain. Follow the recommended management plan.
10. Pay your bills at the time of service or make sure your insurance or payment plan pays in a timely manner.
11. Follow the medical centers rules about patient and behavior – for example: No smoking in the health center.
12. Respect the rights and properties of other persons and the medical center.
13. Keep your appointments! If you cancel, do so at least 24 hours ahead of time to allow someone else to see the provider.

**\*THANK YOU FOR CHOOSING  
GREATER BADEN MEDICAL SERVICES\***