Dr. Cheryl Ann Scott / New Patient Questionnaire

Form 407A

Please FAX this completed questionnaire to 1-866-844-1727 at your earliest convenience.

PATIENT INFORMATION

TODAY'S DATE ____________________

☐ MR. ☐ MS. ☐ MISS ☐ MRS. ☐ DR. NAME: ______________________________

First Middle Initial Last

Home Address: ______________________________

Home Phone: ________________ Cell Phone: ________________ E-Mail: ________________

Age: ______ Birth Date: ________________ ____Female ____Male

Medical Insurance: ____ BC/BS or other________________ Phone # for PROVIDER:____________________

ID # ______________________ Group # if any ________________ Policy Type: ___PPO ___Exclusive Provider

Mailing Address for Claims:______________________________

____

FAMILY DENTIST: ______________________________

ADDRESS: ______________________________

FAMILY PHYSICIAN:______________________________

ADDRESS: ______________________________

REFERRED BY: ______________________________

A = Importance B = How Often C = How Bad

A = Importance Column A is a list of common TMJ symptoms. Place "1" for the most important problem you have and "2" for the next most important problem, etc.

B = How Often How often does this happen?

1= Once a MONTH
2= Once a WEEK
3= THREE TIMES A WEEK
4= EVERYDAY, at least, once.

C. Intensity Column: How bad is each problem? This is a scale from 1 to 10 where "1" is very mild and "10" is very bad. (Items like "limited opening" are about how much or how loud or how dizzy on a scale 1 to 10.)

Column A *#1 = the most severe symptom*		Col B 1-4	Col C 0-10
___	Back Pain	___	___
___	Dizziness	___	___
___	Ear Congestion	___	___
___	Ear Pain	___	___
___	Eye Pain	___	___
___	Facial Pain	___	___
___	Fatigue	___	___
___	Headaches	___	___
___	Inability to open mouth	___	___
___	Jaw Clicking	___	___
___	Jaw Joint Noises	___	___
___	Jaw Locking	___	___
___	Jaw Pain	___	___
___	Limited Mouth Opening	___	___
___	Migraine Headaches	___	___
___	Muscle Twitching	___	___
___	Neck Pain	___	___
___	Pain when Chewing	___	___
___	Ringing in the Ears	___	___
___	Shoulder Pain	___	___
___	Sinus Congestion	___	___
___	Throat Pain	___	___
___	Visual Disturbances	___	___
	Other - write in:		
___	________________	___	___
___	________________	___	___

____

Patient Signature Date

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LIST ANY MEDICATIONS/SUBSTANCES WHICH HAVE CAUSED AN ALLERGIC REACTION:

Y☐ N☐ Antibiotics
Y☐ N☐ Aspirin
Y☐ N☐ Barbiturates
Y☐ N☐ Codeine
Y☐ N☐ Iodine
Y☐ N☐ Latex
Y☐ N☐ Local anesthetics
Y☐ N☐ Metals
Y☐ N☐ Penicillin
Y☐ N☐ Plastic
Y☐ N☐ Sedatives
Y☐ N☐ Sleeping pills
Y☐ N☐ Sulfa drugs
Y☐ N☐ Other ______________ ______________
______________ ______________

LIST ANY MEDICATIONS CURRENTLY BEING TAKEN:

Y☐ N☐ Antibiotics
Y☐ N☐ Anticoagulants
Y☐ N☐ Barbiturates
Y☐ N☐ Blood thinners
Y☐ N☐ Codeine
Y☐ N☐ Cortisone
Y☐ N☐ Diet pills
Y☐ N☐ Heart medication
Y☐ N☐ Insulin
Y☐ N☐ Muscle relaxants
Y☐ N☐ Nerve pills
Y☐ N☐ Pain medication
Y☐ N☐ Sleeping pills
Y☐ N☐ Sulfa drugs
Y☐ N☐ Tranquilizers

Other ____________________ ____________________
____________________ ____________________

PLEASE LIST ANY TREATMENTS YOU HAVE HAD FOR THIS PROBLEM AND ALL HEALTH PROFESSIONALS THAT YOU ARE CURRENTLY SEEING:

	Practitioner	Specialty	Treatment & approximate date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

MEDICAL HISTORY (Please indicate dates on questions checked YES)

Y☐ N☐ Adenoids Removed
Y☐ N☐ Tonsils Removed
Y☐ N☐ Anemia
Y☐ N☐ Arteriosclerosis
Y☐ N☐ Asthma
Y☐ N☐ Autoimmune disorders
Y☐ N☐ Bleeding easily
Y☐ N☐ Blood pressure ☐High ☐Low
Y☐ N☐ Bruising easily
Y☐ N☐ Cancer
Y☐ N☐ Chemotherapy
Y☐ N☐ Chronic fatigue
Y☐ N☐ Cold hands & feet
Y☐ N☐ Current pregnancy
Y☐ N☐ Depression
Y☐ N☐ Diabetes
Y☐ N☐ Difficulty concentrating
Y☐ N☐ Dizziness
Y☐ N☐ Emphysema
Y☐ N☐ Epilepsy
Y☐ N☐ Excessive thirst
Y☐ N☐ Fluid retention
Y☐ N☐ Frequent cough
Y☐ N☐ Frequent illnesses
Y☐ N☐ Frequent stressful situations
Y☐ N☐ Fibromyalgia
Y☐ N☐ General anesthesia
Y☐ N☐ Glaucoma
Y☐ N☐ Gout
Y☐ N☐ Hay fever
Y☐ N☐ Hearing impairment
Y☐ N☐ Heart murmur
Y☐ N☐ Heart disorder
Y☐ N☐ Heart pacemaker
Y☐ N☐ Heart palpitations
Y☐ N☐ Heart valve replacement
Y☐ N☐ Hemophilia
Y☐ N☐ Hepatitis
Y☐ N☐ Hypoglycemia

Patient Signature ________________________________ Date ______________

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MEDICAL HISTORY CONTINUED

- Y☐ N☐ Immune system disorder
- Y☐ N☐ Injury to
  - ☐ Face ☐ Mouth
  - ☐ Neck ☐ Teeth
- Y☐ N☐ Insomnia
- Y☐ N☐ Intestinal disorders
- Y☐ N☐ Jaw joint surgery
- Y☐ N☐ Kidney problems
- Y☐ N☐ Liver disease
- Y☐ N☐ Meniere's disease
- Y☐ N☐ Menstrual cramps
- Y☐ N☐ Multiple sclerosis
- Y☐ N☐ Muscle aches
- Y☐ N☐ Muscle shaking (tremors)
- Y☐ N☐ Muscle spasms or cramps
- Y☐ N☐ Muscular dystrophy
- Y☐ N☐ Needing extra pillows to help breathing at night
- Y☐ N☐ Nervous system irritability
- Y☐ N☐ Nervousness
- Y☐ N☐ Neuralgia
- Y☐ N☐ Osteoarthritis
- Y☐ N☐ Osteoporosis
- Y☐ N☐ Ovarian cysts
- Y☐ N☐ Parkinson's disease
- Y☐ N☐ Poor circulation
- Y☐ N☐ Prior orthodontic treatment
- Y☐ N☐ Psychiatric care
- Y☐ N☐ Radiation treatment
- Y☐ N☐ Rheumatic fever
- Y☐ N☐ Rheumatoid arthritis
- Y☐ N☐ Scarlet fever
- Y☐ N☐ Shortness of breath
- Y☐ N☐ Sinus problems
- Y☐ N☐ Skin disorder
- Y☐ N☐ Slow healing sores
- Y☐ N☐ Speech difficulties
- Y☐ N☐ Stroke
- Y☐ N☐ Swollen, stiff or painful joints
- Y☐ N☐ Tendency for:
  - ☐ Frequent Colds
  - ☐ Ear Infections
  - ☐ Sore Throats
- Y☐ N☐ Tired muscles
- Y☐ N☐ Tuberculosis
- Y☐ N☐ Tumors
- Y☐ N☐ Urinary disorders
- Y☐ N☐ Wisdom teeth (Third Molar) extraction

Other ______________________________

SYMPTOMS: PLEASE INDICATE LOCATION AND TYPE OF ANY HEAD PAIN

L= Left R=Right B=Both sides

HEAD PAIN	LOCATION	SEVERITY: MILD	SEVERITY: MODERATE	SEVERITY: SEVERE	FREQUENCY: OCCASIONAL (MONTHLY OR LESS}	FREQUENCY: FREQUENT (WEEKLY)	FREQUENCY: CONSTANT (EVERY DAY)	DURATION: SECONDS	DURATION: MINUTES	DURATION: HOURS	DURATION: DAYS	DURATION: WEEKS
L R B	Front of your head (Frontal)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
L R B	Entire head (Generalized)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
L R B	Top of your head (Parietal)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
L R B	Back of your head (Occipital)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
L R B	In your temples (Temporal)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

JAW PAIN

- L R B Jaw pain - on opening
- L R B Jaw pain - while chewing
- L R B Jaw pain - at rest

JAW SYMPTOMS

- Y☐ N☐ Jaw clicks
- Y☐ N☐ Jaw locks closed
- Y☐ N☐ Jaw locks open
- Y☐ N☐ Jaw popping
- Y☐ N☐ Teeth clenching
- Y☐ N☐ Teeth grinding

EYE RELATED CONDITIONS

- Y☐ N☐ Blurred vision
- Y☐ N☐ Double vision
- Y☐ N☐ Eye pain
- Y☐ N☐ Pain or pressure behind the eyes
- Y☐ N☐ Photophobia (extreme sensitivity to light)

EAR RELATED CONDITIONS

- Y☐ N☐ Buzzing in the ears
- Y☐ N☐ Ear congestion
- Y☐ N☐ Ear pain
- Y☐ N☐ Hearing loss
- Y☐ N☐ Pain behind the ear
- Y☐ N☐ Pain in front of the ear
- Y☐ N☐ Recurrent ear infections
- Y☐ N☐ Tinnitus (ringing in the ear)

THROAT NECK & BACK RELATED CONDITIONS

- Y☐ N☐ Back pain - lower
- Y☐ N☐ Back pain - middle
- Y☐ N☐ Back pain - upper
- Y☐ N☐ Chronic sore throat
- Y☐ N☐ Constant feeling of a foreign object in throat
- Y☐ N☐ Difficulty in swallowing
- Y☐ N☐ Limited movement of neck
- Y☐ N☐ Neck pain
- Y☐ N☐ Numbness in the hands or fingers

Patient Signature ______________________ Date ____________

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THROAT NECK & BACK RELATED CONDITIONS (Continued)

- Y☐ N☐ Sciatica
- Y☐ N☐ Scoliosis
- Y☐ N☐ Shoulder pain
- Y☐ N☐ Shoulder stiffness
- Y☐ N☐ Swelling in the neck
- Y☐ N☐ Swollen glands
- Y☐ N☐ Thyroid enlargement
- Y☐ N☐ Tightness in throat
- Y☐ N☐ Tingling in the hands or fingers
- Y☐ N☐ Wryneck

MOUTH & NOSE RELATED CONDITIONS

- Y☐ N☐ Broken teeth
- Y☐ N☐ Burning tongue
- Y☐ N☐ Chronic sinusitis
- Y☐ N☐ Dry mouth
- Y☐ N☐ Frequent biting of cheek
- Y☐ N☐ Frequent snoring

Other ______________________________

HISTORY OF SYMPTOMS

When did your condition first occur? ______________________________

____

What do you believe is the cause of your pain or condition?

Pick one:

☐ Motor vehicle accident ☐ Motorcycle accident ☐ Work related incident ☐ Playground incident

☐ Athletic endeavor ☐ Fight ☐ Fall ☐ Accident ☐ Illness ☐ Injury

☐ Unknown ☐ Other ______________________________

If accident, date ______________________________

Is there anything that makes your pain or discomfort worse? ______________________________

Is there anything that makes your pain or discomfort better? ______________________________

What other information is important to your pain or condition? ______________________________

____

FAMILY HISTORY

Have any members of your family (blood kin) had:

- Y☐ N☐ Headaches
- Y☐ N☐ Heart disease
- Y☐ N☐ High blood pressure
- Y☐ N☐ Diabetes

SOCIAL HISTORY

Occupation ______________________________

Do you have children? Y☐ N☐ If yes, how many children? ________ What are their ages? ______________

- Y☐ N☐ Are you currently under unusual stress?
- Y☐ N☐ Recent change in lifestyle?
- Y☐ N☐ Do you exercise regularly?
- Y☐ N☐ Do you chew tobacco?

Number of caffeine drinks per day __________

Y☐ N☐ Do you smoke?

__________ *Number of* ☐ Packs ☐ Cigarettes *per* ☐ Day ☐ Week

Alcohol consumption

☐ None ☐ Social Drinker

☐ Occasional ☐ Daily

Patient Signature ______________________________ Date ______________________________

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DRAW YOUR PAIN PATTERNS FOLLOWING THIS KEY:

MILD PAIN

MODERATE PAIN

SEVERE PAIN

B Burning
D Dull
N Numbing
P Pressure
S Sharp
T Tingling
R Radiating

EXAMPLE

N — Mild, numbing pain
D — Moderate, dull pain
R, R — Severe, radiating pain
P — Pressure

RIGHT LEFT

LEFT RIGHT

RIGHT

LEFT

Patient Signature ______________________ Date ______________

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HISTORY OF ACCIDENT ___ No Accident / Please sign at the bottom

IF YOU WERE INVOLVED IN AN ACCIDENT OR A TRAUMATIC INCIDENT, COMPLETE THIS SECTION.

DATE OF ACCIDENT OR INCIDENT ______________________________

WERE YOU ? (Choose one)

- ☐ A passenger in a vehicle
- ☐ The driver of a vehicle
- ☐ A pedestrian
- ☐ At work

AND... (Choose one)

- ☐ Did you fall?
- ☐ Were you hit by an object?
- ☐ Did you hit an object?
- ☐ Other ______________________

IF IN A VEHICLE WHERE WAS THE VEHICLE HIT?

- ☐ At front end
- ☐ At rear end
- ☐ At front right area
- ☐ At front left area
- ☐ At rear right area
- ☐ At rear left area

- ☐ Head on
- ☐ On driver's side
- ☐ On passenger's side
- ☐ Other ______________________

INDICATE IF THERE WAS ANY DIRECT TRAUMA.

DID YOUR

- ☐ Forehead
- ☐ Face
- ☐ Chin
- ☐ Side of head
- ☐ Back of head
- ☐ Top of head
- ☐ Teeth
- ☐ Jaw
- ☐ Other __________

FORCIBLY STRIKE

- ☐ Steering wheel
- ☐ Windshield
- ☐ Passenger's side window
- ☐ Driver's side window
- ☐ Passenger's side door
- ☐ Driver's side door
- ☐ Headrest
- ☐ Seat
- ☐ Roof
- ☐ Interior of car
- ☐ Other ______________________

WERE ANY AREAS OF YOUR BODY PAINFUL SHORTLY AFTER THE ACCIDENT/INCIDENT?

- ☐ Head
- ☐ Neck
- ☐ Face
- ☐ Jaw
- ☐ Left shoulder
- ☐ Right shoulder
- ☐ Left arm
- ☐ Right arm
- ☐ Lower back
- ☐ Upper back
- ☐ Other: ______________________

BRIEFLY DESCRIBE THE HISTORY OF SYMPTOMS, ACCIDENT OR INCIDENT: ______________________

____

____

DID YOU GO TO THE HOSPITAL? ☐ Yes ☐ No ☐ By Car ☐ By Ambulance

☐ TAKEN TO THE HOSPITAL FOR X-RAYS & EVALUATION

WERE YOU ☐ SUBSEQUENTLY RELEASED ON (Date) ______________________

WHICH HOSPITAL? ______________________________________

HAD A DOCTOR OR DENTIST EVER DIAGNOSED A TMJ DISORDER PRIOR TO THE ACCIDENT?

☐ Yes ☐ No If yes, please explain ______________________________

____

Patient Signature ______________________________ Date ______________

Please FAX this completed questionnaire to 1-866-844-1727 at your earliest convenience.

Directions / Map

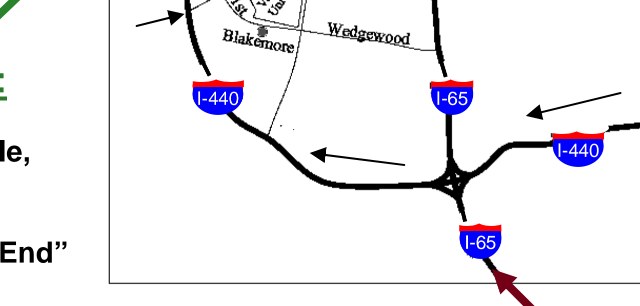
Dr. Cheryl Ann Scott

TMJ Rehabilitation & Joint Based Occlusion

Location Address:
2125 Blakemore Avenue
Nashville, Tennessee 37212

Building: Two-Story Yellow Siding
Sign at the Sidewalk:
Elam, Elam, Vaughn, Fleming

Telephone:
PH 615-476-4193



From North of Nashville:

On I-24 / I-65 South into Nashville
(Just past "Trinity Lane Exit")
Take Exit "**To West I-40 Memphis"**
Go 1.7 miles
Take "**Exit # 84B West I-40 Memphis"**
Go 1.8 miles
Take "**Exit # 206 East 440 Knoxville**"
Go 1 mile
Take "**Exit # 1, 70s East, West End"**
At the end of the ramp
Turn left on Murphy Road
At the first light, about 2 blocks,
Turn left on West End Avenue
At the second light, about 3 blocks,
Turn right on 31st / Blakemore Ave
Go past the third light, about 10 blocks
Turn right into 2125 Blakemore

From West of Nashville:

On **I-40** into Nashville.
Take "**Exit # 206 I-440, Knoxville, Huntsville, Chattanooga**"
Go 1 mile
Take "**Exit # 1, 70s East, West End"**
At the end of the ramp
Turn left on Murphy Road
At the first light, about 2 blocks,
Turn left on West End Avenue
At the second light, about 3 blocks,
Turn right on 31st / Blakemore Ave
Go past the third light, about 10 blocks
Turn right into 2125 Blakemore

From South of Nashville:

On **I-65 North** into Nashville
Take "**Exit # 80 I-440 West Memphis**"
Go about 3 miles
Take "**Exit # 1 70s West End Avenue**"
On the ramp **Merge right** toward "**70s East**" & still on ramp **Take Center Lane** marked " **West End Ave.**"
Stay on West End to the third light, about 4 blocks,
Turn right on 31st / Blakemore Ave
Go past the third light, about 10 blocks
Turn right into 2125 Blakemore

From East of Nashville:

On **I-40 West** into Nashville
Take "**Exit # 213A West I-440 Memphis**"
Go about 1 mile take "**Exit 53 West I-440**"
Go about 3 miles take "**Exit # 1 70s West End"**
On the ramp **Merge right** toward "**70s East**" & still on ramp **Take Center Lane** marked " **West End Ave.**"
Stay on West End to the third light, about 4 blocks,
Turn right on 31st / Blakemore Ave
Go past the third light, about 10 blocks
Turn right into 2125 Blakemore

From Southeast of Nashville:

On **I-24** into Nashville
Take "**Exit # 53 I-440 West Memphis**"
Go about 3 miles
Take "**Exit # 1 70s West End Avenue**
On ramp **Merge right** toward "**70s East**" & still on ramp **Take center lane** marked " **West End Ave.**"
Stay on West End to the third light, about 4 blocks,
Turn right on 31st / Blakemore Ave
Go past the third light, about 10 blocks

Dr. Cheryl Ann Scott TMJ Rehabilitation and Joint Based Occlusion
THE PANKEY INSTITUTE - AMERICAN EQUILIBRATION SOCIETY - MASTER OF THE ACADEMY OF GENERAL DENTISTRY

Concerning Your First Appointments: 1. The Consultation; 2. MRI & CT Scans; 3. The Review of Scans

The Consultation is a preliminary evaluation of the problem. Doctor Scott will review your medical questionnaire with you. The head and neck will be briefly examined. Preliminary diagnostic tests such as Doppler auscultation and range of motion may be performed. At the end Dr. Scott will discuss what she recommends to do next. The appointment usually takes between 30 and 45 minutes. The goal is to answer the following questions:

1. Q Are one or both of the jaw joints (temporomandibular joints or TMJ) actually damaged?

2. Q Do other health issues mimic a damaged TM joint for instance posture, arthritis, history of pinched nerves, neuralgias, neck, shoulder or upper back injuries, sinus problems, migraine or other headaches, ear infections, hearing loss, parotid gland disease, heart disease, systemic diseases and others.

3. Q How does this apparent TMJ condition contributes to other problems you may be having?

4. Q What further tests or imaging, if any, are needed, to develop a definitive diagnosis?

Dr. Scott will consider what types of problems might be involved and a plan on how to reach a definitive diagnosis. In some cases she reaches a working diagnosis during this appointment and treatment can be initiated or a referral can be made. However, most situations require additional information. If this is an emergency, some form of treatment may be able to be rendered at the first appointment.

<u>The cost of the first appointment, the consultation, is $150</u>. You will need to pay at the time of the appointment. We accept cash, check or credit cards including Master Card, Visa, Discovery, and American Express. See the letter titled, “Medical Insurance and TMJ Problems” to learn how your medical insurance may cover your care.

Because we screen patients over the phone and we require a thorough patient history questionnaire to be faxed and reviewed by Dr. Scott prior to the first appointment we have a good idea if there is some form of jaw joint problem likely present. You can reasonably expect that <u>MRI and CT scans will be needed</u> to be made the week following this consultation appointment. Dr. Scott then studies and compares the scans and we will schedule a second appointment so she can review the scans with you.

Radiology technicians and radiologist tell us that the jaw joints are one of the most difficult areas to image. We have found this to be true. We use BioImaging on Charlotte Avenue exclusively because they produce the best results with the TM joints and they have very reasonable costs. We have no financial relationship with them.

The cost for the scans is usually covered by your medical insurance. Imaging should be categorized as an “in-network and out-patient.” Some policies will require a co-pay at the time of the appointment. If your insurance will not cover the scans, the cash price at BioImaging is the least expensive in Nashville when we last checked.

<u>The cost of the second appointment, the review of scans, is $145</u>. Dr. Scott prepares a visual report of the actual images and important issues that the scans may reveal. The cost for this appointment is $145.

At this point, Dr. Scott will make recommendations on what to do next. The goal in the diagnostic phase is to develop a specific, medically-sound understanding of your present condition. Treatment can then be planned to resolve the underlying conditions and to relieve your symptoms.

Steve Roberts
Administrator

Mail to: **2817 West End Avenue, Suite 126-382, Nashville, TN 37203**
PH: **1 615 476 4193** FAX: **1 866 844 1727** E-MAIL: **CAS@VQME.COM**

Dr. Cheryl Ann Scott TMJ Rehabilitation and Joint Based Occlusion
The Pankey Institute - American Equilibration Society - Master of the Academy of General Dentistry

Medical Insurance and TMJ Coverage

TMJ problems are covered only by medical insurance, but not very well. The only "in-network" doctors who "take insurance" are oral surgeons. Over the years oral surgery has become much less popular as a way to treat jaw joint problems.

TMJ coverage is always limited to $1,500 or less per year. In the past many forms of TMJ treatment were used, but almost no patients actually had any improvement over the long term. Insurers began to limit TMJ coverage and this stopped most of the questionable treatments. Even today there is no organized medical specialty for TMJ care. That is a very short history of TMJ care.

Because of this annual limit it makes no difference that Dr. Scott is "out of network" in terms of your coverage. In order for any doctor to arrive at a medically specific diagnosis and propose a relevant treatment plan, the cost will be more than the $1,500 annual limit. The cost to you will be exactly the same. You pay everything over $1,500 if your doctor takes or doesn't take your insurance. Either way, you get $1,500.

We file your medical claims. We create accurate claim forms that meet all medical insurance standards. For fastest possible processing we file the claim electronically the same day as your visit. We provide any support documents that they may need.

For each claim we file on your behalf your insurer will send you an "EOB" letter. EOB is short for "Estimate of Benefits." They send this before they actually make a decision. It's an "estimate." We suggest you call your insurance company the same day you receive and EOB and ask them to explain every number on the form until you are completely clear on what everything means and agree with the "estimate." Make sure you are receiving what you are due. It is much, much, much easier to fix a problem the day the EOB arrives than later.

Each insurance company has hundreds of policies. Many policies have special requirements that are non standard and we can not anticipate all of these exceptions. Nor can we know what your policy covers. We can discuss this with you, but you must get the information. With Blue Cross of Tennessee we can print out a policy summary and discuss it with you.

If your policy pays on a claim, you will receive a check from your insurance company. They pay you back for your expenses. The insurance company mails the checks directly to you according to the terms of your plan.

If you want to know more, call the telephone number on your insurance card and ask for explanations of every mention of "TMJ" in your policy. If TMJ is <u>not</u> mentioned then there are no special limits. If it is mentioned, then ask for all the details of each mention of TMJ. Ask them to search for "TMJ."

Although this is not a major expense you can ask about the treatment code or "CPT code": S8262. This is similar to a "night-guard." If they list it as a valid code, ask if the terminology includes or excludes a "splint," or "appliance" or a "device." Sometimes they will allow this if the correct word is used. Another fairly minor expense is CPT code: 97750. This is an adjustment to the "night-guard." Dr. Scott does not provide a night-guard for treatment, but she may use a similar looking device. This is not a big deal, but can be helpful in some cases.

Steve Roberts
Administrator

Mail to: **2817 West End Avenue, Suite 126-382, Nashville, TN 37203**
PH: **1 615 476 4193** FAX: **1 866 844 1727** E-MAIL: **CAS@VQME.COM**

Dr. Cheryl Ann Scott TMJ Rehabilitation and Joint Based Occlusion
THE PANKEY INSTITUTE - AMERICAN EQUILIBRATION SOCIETY - MASTER OF THE ACADEMY OF GENERAL DENTISTRY

Insurance Terminology

Deductible: The amount an individual must pay for health care expenses with no coverage before insurance (or a self-insured company) covers the costs. Often, insurance plans are based on yearly deductible amounts.
Co-Insurance: Co-insurance refers to money that an individual is required to pay for services, *after a deductible has been paid.* In some health care plans, co-insurance is called "co-payment." Co-insurance is often specified by a percentage. For example, the employee pays 20 percent toward the charges for a service and the employer or insurance company pays 80 percent. After a deductable is met, if there is no specific limitation spelled out, then the insurer pays 100% of "usual and customary" fees. See next term.
Usual, Customary and Reasonable (UCR) or Covered Expenses: "Usual and Customary" is the amount the insurer has agreed to pay for services. An amount "customarily" charged for or covered for similar services and supplies which are medically necessary, recommended by a doctor, or required for treatment. The insurer will only pay what they pay the doctors who are under contract. The contract with a doctor requires that they take much less for their services with the promise that they can make up the difference in volume of patients provided by the insurer.
Annual Maximum Benefit: The most a policy will pay in a calendar year usually for specific services or conditions..
Lifetime Maximum Benefit: the maximum amount a health plan will pay in benefits to an insured individual during that individual's lifetime.
In-Network: A group of doctors, hospitals and other health care providers under contract to provide services to insurance companies customers for less than their usual fees. Provider networks can cover a large geographic market or a wide range of health care services. Insured individuals typically pay less for using a network provider. In-Network TMJ providers are 100% Oral Surgeons also known as Oral - Maxillofacial Surgeons.
Out-of-Plan (Out-of-Network): This phrase refers to physicians who do not discount services in-order to gain new patients from insurance company listings. This does not make any difference in almost all cases since there are limits on TMJ coverage of $750 to $1,500 per year or lifetime.
Benefit: Amount payable by the insurance company to a claimant, assignee, or beneficiary when the insured suffers a loss. In our case we don't take payments from the insurance companies. The checks go to the person who has the policy as reimbursement for expenses for which they have already paid.
Explanation of Benefits: "EOB" for short. This is the letter you get from the insurer prior to a check usually or with the check. EOB's refer to specific claims by "date of service." This is the insurance company's written explanation to a claim, showing what they paid and what they didn't pay and what the client must pay.
Rider: A modification made to a Certificate of Insurance regarding the clauses and provisions of a policy (usually adding or excluding coverage). Most policies have "rider's" for TMJ. Limited coverage.
Limitations: a limit on the amount of benefits paid out for a particular covered expense, as disclosed on the Certificate of Insurance.
Exclusions: Medical services that are not covered by an individual's insurance policy. Zero coverage for specified services or conditions. TMJ is usually covered, but only to a very limited amount.
Provider: Provider is a term used for health professionals who provide health care services. Sometimes, the term refers only to physicians except in Tennessee licensed dentist can provide medical care for TMJ. Often, however, the term also refers to other health care professionals such as hospitals, nurse practitioners, chiropractors, physical therapists, and others offering specialized health care services.

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