

# Guide to Patient Services

 COLUMBIA | COLLEGE OF  
DENTAL MEDICINE

[www.dental.columbia.edu](http://www.dental.columbia.edu)

# College of Dental Medicine Mission

The College of Dental Medicine, within an exceptional academic environment, supports students and faculty as they aspire for preeminence in dentistry, education, and science.

## The College Values

Alignment with the mission of Columbia University

Respect, inclusiveness and diversity among staff, students, faculty, and patients

Integration of oral health as part of overall health for the individual and the community

Fiscal responsibility, social justice, community transformation, and global impact

## Goals

- Maintain an environment effectively supporting and nurturing its human, physical, and fiscal resources.
- Support excellence in opportunities, innovation, methods, evaluation, and quality of its educational programs.
- Ensure appropriate and compassionate oral health care for individuals and responsiveness to community needs.
- Advance scientific research and scholarly effort in the basic, oral health, and social sciences and in education.

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# Welcome

Dear Prospective Patient,

On behalf of the faculty, staff, students, and residents (dentists in training) of the Columbia University College of Dental Medicine, I would like to welcome you to our clinical facility. The College of Dental Medicine is fully accredited by the Commission on Dental Accreditation, and is one of the finest dental schools in the country. Our students and residents are a group of highly qualified learners who were selected through a rigorous admissions process. Our credentialed faculty, student/resident providers and staff are committed to fostering an environment of mutual trust and respect.

One of the primary goals of the Columbia University College of Dental Medicine is to provide our patients with outstanding care in a comfortable professional environment, while maintaining reasonable fees. We believe that oral health is health. We are dedicated to delivering the standard of care for comprehensive, patient-centered care, within the scope of our programs. This means that our patients are fully informed of the results of their examination and the different methods that are available to treat their conditions. Our care requires that we can build and maintain a trusting patient-provider relationship. It is important that our patients feel comfortable with their proposed care management. Therefore, we strongly support our patients' input and participation in developing a treatment plan that suits their oral health and financial needs. All treatment plans are reviewed by general or pediatric dental faculty and, when indicated, specialist consultations are obtained. Planned treatment is sequenced and phased; sporadic or episodic care is discouraged. Patients interested in limited care are referred to appropriate providers in community practice or extramural facilities.

Columbia believes that patients must partner with us in maintaining their oral health. Our faculty, staff, students, and residents will educate patients in proper oral hygiene techniques and preventive therapies, which are essential to keeping a healthy mouth, and help prevent or control diseases that affect the rest of the body.

In closing, I hope that you find us providing you with outstanding care, and that your experiences here are positive. Should you ever have any feedback, please contact our Director of Patient Relations at [patientservice@cumc.columbia.edu](mailto:patientservice@cumc.columbia.edu).



**Biana Roykh, DDS MPH**

Senior Associate Dean for Clinical Affairs

Dental Director, Columbia University Health Care, Inc.



COLUMBIA

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# Becoming a Patient

## Registration (212) 305-6100

During your first appointment at Columbia University College of Dental Medicine / Columbia University Health Care, Inc. it will be determined if your case is suitable for a teaching institution and which provider is best suited to care for your oral health care needs. If you recently had dental x-rays taken, please email to [cdm\\_orad@lists.cumc.columbia.edu](mailto:cdm_orad@lists.cumc.columbia.edu). Please bring photo identification, your insurance card, and proof of address. It is also important for you to bring a list of medications that you take and medical health insurance information.

Photo identification with proof of address:

- Driver's License
- Non-driver's ID (issued by the Dept. of Motor Vehicles)
- Medicaid card with photo
- School or employer ID
- Passport

Non-photo identification: if you do not have a photo ID, then two forms of ID must be presented, one of the following must show proof of address:

- Medicaid card without photo
- Insurance card
- Utility or rent bill
- Library card

You can expect the following at your first appointment:

- A welcome packet with an introduction to Columbia and staff
- You will be asked to sign "Consent for Dental Treatment"
- A review of your medical history, dental history, and a brief screening of your oral health
- Necessary dental x-rays will be taken, if necessary
- Patients with referrals can email x-rays to: [cdm\\_orad@lists.cumc.columbia.edu](mailto:cdm_orad@lists.cumc.columbia.edu)

Please note there is a cost for the brief screening and x-ray(s). This fee does not include the additional cost that you will incur for the detailed comprehensive evaluation that will be rendered at your next appointment. This is payable in cash, credit card, check, debit card or a valid Medicaid card.

## After Registration and at the Next Visit

If your case is suitable for a teaching institution, at the end of the initial appointment, we will assign you to a dental provider in a department that is most suited to serve your dental needs. You will make an appointment with your new dental provider, and at the next visit, for which a separate fee is charged, a comprehensive examination and evaluation are performed. From this information several personalized treatment plans may be prepared that will address your needs and desires. At that time the fees associated with each of these plans will be presented and discussed. If you are referred to a specialty program, you will be required to pay for a consultation fee, in addition to all associated fees for services rendered in the specialty programs. Care is provided by dental students and/or dental residents and is closely supervised by licensed dental faculty to ensure that you receive the highest quality care.

## Dental Records

Copies of your records and x-rays will be provided to you or forwarded to another practitioner upon your signed written request. There will be a \$20 fee charged for the duplication of x-rays and treatment notes which must be paid before copies are released. You may contact the Columbia University College of Dental Medicine/Columbia University Health Care, Inc. Dental Records Department at (212) 305-6100, and press the option for "Dental Records".

## Emergency Care

During normal hours of clinic operation please come to the seventh floor of the Vanderbilt Clinic at 622 West 168th Street, New York, NY 10032, 212-305-6100. There will be a cost for the emergency care evaluation which includes a periapical x-ray or a bitewing. After evaluation, you will incur an added cost if additional x-rays and/or procedures are required. This is payable in cash, credit card, check, debit card or a valid Medicaid card.

After clinic hours or on weekends, please call the general clinic number at 212-305-6100. If you feel it is a medical emergency, please call 911 or come to the Emergency Room of NewYork-Presbyterian Hospital at the Columbia University Irving Medical Center. The fee at the emergency room is charged by the Hospital. The entrance to the emergency room is located at 3985 Broadway on 167th Street.

## Payment Policy & Fees

Patients are expected to pay in full at the time services are provided. Acceptable payment methods include cash, checks, all major credit cards, debit cards, money orders, New York State Medicaid (with a valid Medicaid card), and accepted Medicaid Managed Care plans. We offer a 10% discount to patients 65 years and older.

A receipt indicating payment will be provided at the time of service. Please note we do not have a sliding fee schedule or provide free care. Because of our focus on education, we are able to offer our services at fees that are lower than the cost of comparable procedures at most private practices.

Third-party financing options are available for patients requiring a payment plan. Please visit [www.carecredit.com/dentistry/](http://www.carecredit.com/dentistry/) for more information.



# Patient's Bill of Rights

The doctors and staff of Columbia University College of Dental Medicine/Columbia University Health Care, Inc. recognize that while you are a patient here you have the right, consistent with law, to:

1. Receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, gender identity, national origin or sponsor;
2. Be treated with consideration, respect and dignity including privacy in treatment;
3. Be informed of the services available at the center;
4. Be informed of the provisions for off-hour emergency coverage;
5. Be informed of and receive an estimate of the charges for services, view a list of the health plans and the hospitals that the center participates with; eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care;
6. Receive an itemized copy of his/her account statement, upon request;
7. Obtain from his/her health care practitioner, or the health care practitioner's delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand;
8. Receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable healthcare practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision;
9. Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her action;
10. Refuse to participate in experimental research;
11. Voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal;
12. Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient, indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center response, the patient may complain to the New York State Department of Health;
13. Privacy and confidentiality of all information and records pertaining to the patient's treatment;
14. Approve or refuse the release or disclosure of the contents of his/her medical record to any healthcare practitioner and/or healthcare facility except as required by law or third-party payment contract;
15. Access to his/her medical record per Section 18 of the Public Health Law, and Subpart 50-3. For additional information link to:  
[http://www.health.ny.gov/publications/1449/section\\_1.htm#access; Access to Your Medical Records and Do I Have the Right to See My Medical Records?](http://www.health.ny.gov/publications/1449/section_1.htm#access; Access to Your Medical Records and Do I Have the Right to See My Medical Records?)
16. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors;
17. When applicable, make known your wishes in regard to anatomical gifts. Persons sixteen years of age or older may document their consent to donate their organs, eyes and/or tissues, upon their death, by enrolling in the NYS Donate Life Registry or by documenting their authorization for organ and/or tissue donation in writing in a number of ways (such as health care proxy, will, donor card, or other signed paper). The health care proxy is available from the center;
18. View a list of the health plans and the hospitals that the center participates with; and
19. Receive an estimate of the amount that you will be billed after services are rendered.

## Health Care Proxy

New York State has a law that allows you to appoint someone you trust, for example, a family member or close friend as your Health Care Agent, to decide about your treatment if you lose the ability to decide for yourself. You may also use this form to indicate your wishes regarding organ donation in the event of your death (Please request [Health Care Proxy form](#)).

## Patient Code of Conduct

Indiscriminate use of obscene language, inappropriate behavior, or gestures while at the Columbia University College of Dental Medicine/Columbia University Health Care, Inc. may result in automatic dismissal.

Patients who are under or perceived to be under the influence of alcohol or any other substance will not be treated at that time and this can be grounds for dismissal.

Patients are not permitted to transfer from one student or trainee to another based on race, creed, color, gender, national or ethnic origin, and sexual preference or disability.

## Patient's Responsibility

As a patient at College of Dental Medicine (CDM) Clinics, you also have the following responsibilities:

1. To report to the best of your knowledge, accurate and complete information regarding any matters pertaining to your health to your dental provider and other health care professionals caring for you.
2. To follow the treatment plan recommended by your dental provider (subsequent to informed consent and your authorization to begin treatment).
3. To keep appointments.
4. To accept the consequences of your own decisions and actions, if you choose to refuse treatment or not comply with the instructions given by the dental provider.
5. To assure your financial obligations for your health care are fulfilled as promptly as possible.
6. To follow CDM clinics rules and regulations affecting patient care and conduct.
7. To respect the rights and property of other patients and CDM clinics personnel, including no cell phone use in the patient reception and treatment areas.
8. To follow the Columbia smoke-free policy.



# **Consent for Treatment and Release Information**

## **CONSENT FOR GENERAL DENTAL TREATMENT**

I consent to diagnostic procedures and treatment by Columbia University College of Dental Medicine/ Columbia University Health Care, Inc. deemed necessary for my care by the attending faculty member. I further understand that any and or all clinical care (operations, procedures, techniques and clinical imaging) will be provided by student(s) or resident(s). In order to maintain the highest quality of care and to improve the skills of students and residents, I also consent to having clinical encounters observed and possibly recorded by video cameras, encounters that may be reviewed by attending faculty member with the student or resident provider.

I understand that prior to any clinical care (operations, procedures, techniques and clinical imaging), I will be advised by the student, resident or faculty member responsible for my care, and that I may ask questions concerning my treatment. I also understand that post-treatment complications including bleeding, pain, swelling, loss of teeth, and loss of implants may be a normal consequence of the treatment rendered. I further understand that I may revoke this consent before such treatment is provided. I understand this consent will remain in force unless I revoke it in writing.

I further understand that the fee(s) provided in the treatment plan are estimated and relate only to the essential procedures. If any additional treatment is not included in the fees estimated in the proposed treatment plan at this time, I will be financially responsible for any changes as part of the additional treatment.

I agree to abide by all the rules and regulations of Columbia University College of Dental Medicine/ Columbia University Health Care, Inc.

## **ASSIGNMENT OF BENEFITS AND FINANCIAL RESPONSIBILITY**

I assign and set over to Columbia University College of Dental Medicine/Columbia University Health Care, Inc. sufficient monies and/or benefits to which I may be entitled from a government agency, insurance carrier or others who are financially liable for my dental or medical care to cover the costs of the care and treatment rendered to myself or my dependent. I understand that I am responsible for charges not covered by my insurance plan.

I am aware and acknowledge that no guarantees, warranties or assurance of success have been made to me by Columbia University College of Dental Medicine/Columbia University Health Care, Inc. regarding treatment and the treatment results for any dental treatment.

## **APPOINTMENT POLICY and GUIDE to PATIENT SERVICES ACKNOWLEDGEMENT RECEIPT**

We take great pride in the quality of care that we deliver. To maintain this high-level of care, we have instituted appointment guidelines regarding cancellations/no-show/lateness. Compliance with this policy will allow patients to receive treatment in a timely and efficient manner, promoting optimal care and oral health.

1. Once appointments are scheduled, patients are expected to attend each and every session at the appointed time.
2. If you are going to be late for a scheduled appointment, please call to let us know so that we may notify your provider.
3. All cancellations must be communicated to the department 48 hours in advance or 72 hours in advance of a surgical and/or sedation procedure.
4. If you miss your first scheduled appointment with your provider, you will receive a "verbal warning/reminder" about our appointment policy.

5. If you miss your second scheduled appointment with your provider, you will receive a “warning letter”. If you fail to contact us within 30 days after being sent this “warning letter” you may be inactivated/discharged from the College of Dental Medicine.
6. If you cancel or fail to show for three consecutive visits, you may be discharged from being provided care at the College of Dental Medicine.
7. The College of Dental Medicine reserves the right not to reschedule patients who have been discharged for failing to show for prior scheduled appointments.

We appreciate your understanding and cooperation with this policy.

I have read, understand, and agree to abide by the aforementioned policy.

I acknowledge that I was provided with a copy of the College of Dental Medicine Guide to Patient Services.

## **AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

I authorize Columbia University College of Dental Medicine/Columbia University Health Care, Inc. to release to government agencies, insurance carriers, or others who are financially liable for dental and medical care, all information needed to substantiate payment for such care, and allow others who are representatives thereof to examine and make copies of all records relating to my care and treatment.

This Consent and Authorization does not expire unless I revoke in writing or upon termination of my treatment relationship with Columbia University College of Dental Medicine/Columbia University Health Care, Inc.

By electronically signing this, I hereby state that I have read and understood it, and that I have been given the opportunity to ask questions I might have, and that all my questions have been answered in a satisfactory manner.

## **Dental Insurance Plans**

Columbia University College of Dental Medicine/Columbia University Health Care, Inc. is an Article 28 contracted provider for dental services covered by the State of New York Medicaid program and as such accepts payment directly from Medicaid and accepted Medicaid Managed Care plans. Patients, who have dental insurance accepted at Columbia University College of Dental Medicine/ Columbia University Health Care, Inc. should bring their insurance card and photo identification to every appointment. If a patient’s insurance coverage is not active on the date of the appointment, Columbia University College of Dental Medicine / Columbia University Health Care, Inc. will not disrupt or delay urgent or necessary care; however, the patient’s student or resident dentist may ask the patient to reschedule the appointment. If a patient’s insurance does not cover a treatment, the patient must pay for the treatment at the time of the appointment.

We do welcome patients with other dental insurance plans but do not file and manage dental claims. Patients are therefore responsible to pay for treatment at the time services are provided and obtain reimbursement from their dental insurance company. As a courtesy, we will provide you with a standard dental claim form listing the treatments that were provided and the payment received. You can submit the dental claim form to your insurance carrier and payment will be directly sent to you.

***It is each patient’s responsibility to know his/her dental insurance benefits. Please check with your employer or insurance plan with questions about coverage.***

## Patients Who Are Minors

A parent or legal guardian must accompany patients who are minors up to the age of 18 at every visit. This accompanying adult is responsible for payment of the account, or must provide complete and accurate information about the guarantor on the insurance that will be billed.

A parent or legal guardian has the option to sign the "Consent for Treatment of an Unaccompanied Minor" that authorizes a person(s) to accompany the minor to their dental appointments. This form must be signed in person at the dental clinic or signed at an outside location and must be notarized and returned with a photocopy of parent or legal guardian state ID.

***All Treatment Plans and Consent for Surgical Procedures must be signed by the patient's parent or legal guardian.***

## General Information

You are welcome to reach out to the Practice Manager or Faculty for specific questions or concerns. To receive specialty care, you must first get a referral from your primary care dentist, submit electronic x-rays on a USB or CD downloaded in JPEG or DICOM or email [cdm\\_orad@lists.cumc.columbia.edu](mailto:cdm_orad@lists.cumc.columbia.edu)

***To make an appointment or to get more information, please call 212-305-6100***

## General Dental Clinic

Several programs at Columbia University College of Dental Medicine/Columbia University Health Care, Inc. provide general dental care. These programs include students in our pre-doctoral program and residents in our Advanced Education in General Dentistry and General Practice program. Your provider will offer you comprehensive, preventive, and restorative dental care.

## Endodontics

The endodontic program offers treatment for infected and traumatized teeth. The treatment includes conventional root canal therapy, endodontic microsurgery and regenerative endodontic therapy. All procedures are performed under surgical microscopes.

## Implant Center

The Implant Center focuses on restoring missing teeth using artificial roots. Dental implants support natural looking replacement crowns and restorative treatment. Patients benefit from coordinated dental implant care in our state-of-the-art facility.

## Oral & Maxillofacial Surgery

The Oral & Maxillofacial Surgery program offers wisdom tooth extraction, placement of dental implants, trauma care, craniofacial reconstruction and maxillofacial surgery, and construction of maxillofacial appliances to reconstruct facial anomalies.

## Oral Pathology

The Oral Pathology program provides clinical diagnosis and treatment for oral mucosal diseases including oral ulcers/sores, viral and fungal infections, dry mouth and pre-cancerous conditions of the oral cavity. Biopsy laboratory services are also provided.

## **Orofacial Pain Management**

The Orofacial Pain Management program focuses on diagnosis and treatment of head, neck, and jaw pain. This includes TMJ disorders, headaches, snoring, and sleep apnea.

## **Orthodontics**

The Orthodontics program is available for children and adults. Treatment includes utilizing corrective appliances to improve irregularities of the teeth and jaws by bringing the teeth, lips, and jaws into proper alignment.

## **Periodontics**

The Periodontics program focuses on preventive care and treatment of gum disease and disease of tooth- supporting tissues. Services include preservation of teeth as well as surgical placement of dental implants.

## **Prosthodontics**

The Prosthodontics program offers advanced reconstructive dental care to return function and esthetics for the most complex patients. Services include dental implants, crowns, bridges, and dentures.

## **Radiology**

The Oral and Maxillofacial Radiology program offers radiographic and radiologic services in conventional dental and cone beam CT imaging to patients. Radiographic image capture is kept at the lowest reasonably achievable x-ray dose. Radiologic interpretation of oral and maxillofacial pathology by a board-certified oral and maxillofacial radiologist is available on request.

**All of the above programs are located within:**

**Vanderbilt Clinic  
622 West 168th Street  
New York, NY 10032**

**Current entrance during COVID-19 pandemic  
3985 Broadway  
New York, NY 10032**

***To make an appointment or to get more information, please call 212-305-6100***

## **Pediatric Dentistry (For children under 8 years of age)**

The pediatric program focuses on children from infancy to adolescence, including preventive care, sealants, restoration of primary and young permanent teeth, and management of traumatic injuries to the dentition.

**Columbia University Pediatric Dentistry  
722 West 168th Street, New York, NY 10032 (Main Entrance on Haven Avenue)**

***To make an appointment or to get more information, please call 212-305-6754.***

## Directions and Hours to Columbia University Medical Center

Columbia University College of Dental Medicine/Columbia University Health Care, Inc. is located at the Columbia University Irving Medical Center.

**By Public Transportation:** accessible by the A, C and 1 trains and is on the BX7, M100, M5, M4, M3, M2 bus lines.

**Parking:** available for a fee at the corner of 165th Street and Fort Washington Avenue.

**Hours:** The dental clinics are open Monday through Friday from 8:00 a.m. to 5:00 p.m. The hours of operation may vary to include evening and weekend hours. The clinics are closed Sunday and on all national and university holidays.

## Questions or Concerns

Patients have the right to express concerns or complaints without fear of reprisal and with the assurance that the presentation of a complaint will not compromise the quality of their care or future access to care.

Patients who have concerns about any aspect of the dental care or treatment they have received at Columbia University College of Dental Medicine/Columbia University Health Care, Inc. should discuss their concerns with the practice manager or faculty of the program where dental care was rendered. Patients may also register that concern either in person, by telephone, or in writing to the Columbia University College of Dental Medicine/Columbia University Health Care, Inc. Office of Patient Services.

**Columbia University  
College of Dental Medicine**  
630 W. 168th Street  
New York, NY 10032  
212-305-8624  
[patientservices@cumc.columbia.edu](mailto:patientservices@cumc.columbia.edu)

You may also contact the Commission on Dental Accreditation at the American Dental Association at the following:

**Commission on Dental Accreditation  
American Dental Association**  
211 East Chicago Ave  
Chicago, IL 60611-2678  
(800) 621-8099 x 4653  
[www.ada.org](http://www.ada.org)

You may also contact the New York State Department of Health:

**New York State Department of Health  
Centralized Hospital Intake Program**  
Mailstop: CA/DCS  
Empire State Plaza  
Albany, NY 12237  
(800) 804-5447  
Email: [hospinfo@health.state.ny.us](mailto:hospinfo@health.state.ny.us)

## Acknowledgement

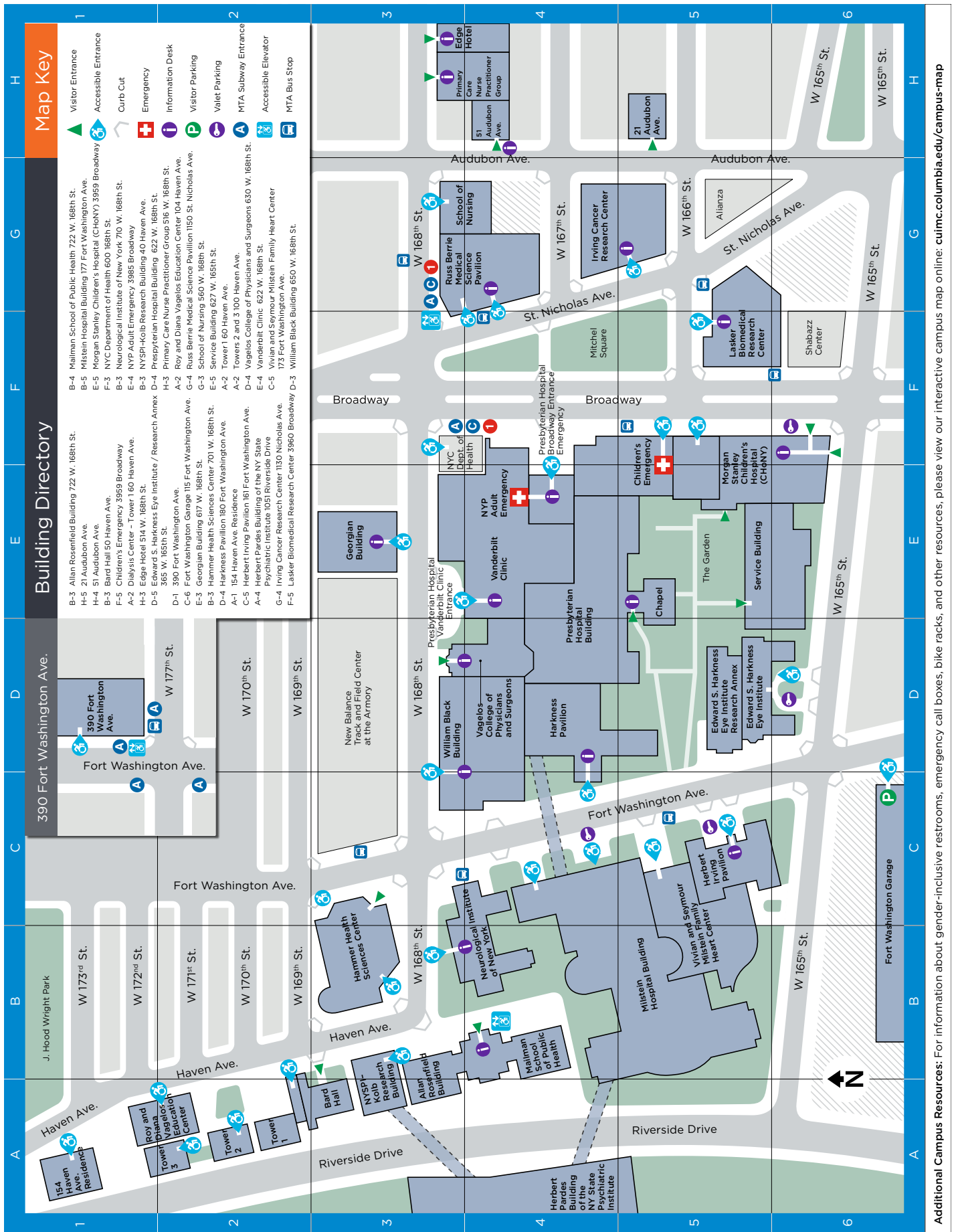
I acknowledge that I was provided with a copy of the Columbia University College of Dental Medicine/Columbia University Health Care, Inc. "Guide to Patient Services". I have read, understand, and agree to abide by the aforementioned appointment policy and payment policy. I acknowledge that I reviewed and understand the consent to dental treatment.

***You will be asked to provide an electronic signature in acknowledgment of the above.***

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## NOTES

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Additional Campus Resources: For information about gender-inclusive restrooms, emergency call boxes, bike racks, and other resources, please view our interactive campus map online: [cuimc.columbia.edu/campus-map](http://cuimc.columbia.edu/campus-map)





630 W. 168th Street, New York, NY 10032 • 212.305.8624 • [www.dental.columbia.edu](http://www.dental.columbia.edu)  
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