

Texas Dental Association Dental Tourism Reporting Form

Background

At its 2007 meeting, the Texas Dental Association House of Delegates approved resolution 54-2007-RCDS-H, which charges the Council on Dental Economics to develop a repository detailing patient problems with dental treatment received in Mexico.

To that end, the Council on Dental Economics has created a Dental Tourism Reporting Form to give our members the opportunity to provide the TDA with information about: (1) the problems they are experiencing with patients who receive dental treatment in Mexico; and (2) the insurers and third party administrators paying claims submitted by dentists in Mexico.

****Please note this form is for information gathering purposes only. No individual follow-up is intended other than acknowledgement of the TDA's receipt of the form. Each member dentist who submits a reporting form to the TDA will be assigned a number or other identifier. After such number or other identifier is assigned, the member dentist will be referred to by the assigned number or identifier and will no longer be referred to by his or her name. The first page of the reporting form will not be submitted to any other person outside the TDA. Each member should read the first page of the reporting form in its entirety before the form is submitted to the TDA.**

A copy of the form can be found on www.tda.org. Please print a copy of the form and review it in its entirety. After the form is completed, please mail or fax the completed form and supporting documentation, if any, to 512-443-3031 or 1946 S IH 35 Suite 400, Austin, Texas 78704. The TDA will acknowledge its receipt of each form to the member submitting the form. Members are encouraged to retain copies of the reporting form(s) and any supporting documentation submitted to the TDA.

Please note that the reporting form is to be filled out by TDA member dentists only. The TDA will not accept reporting forms from non-member dentists and/or the general public.

Questions regarding the reporting form should be directed to Donna Cortez at 512-443-3675 or dcortez@tda.org.

Dental Tourism Reporting Form

Date: _____

Important: Please read this form in its entirety before submitting it to the Texas Dental Association.

WHEN SUBMITTING THIS FORM TO THE TEXAS DENTAL ASSOCIATION, DO NOT INCLUDE THE PATIENT'S NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER, ADDRESS, CREDIT CARD OR OTHER MONETARY ACCOUNT INFORMATION, DENTAL ACCOUNT INFORMATION, INFORMATION THAT COULD POTENTIALLY IDENTIFY THE PATIENT IN VIOLATION OF HIPAA OR OTHER APPLICABLE AUTHORITY, OR OTHER INFORMATION THAT IS NOT TO BE DISCLOSED UNDER HIPAA OR OTHER APPLICABLE AUTHORITY. EACH DENTIST WHO SUBMITS THIS FORM IS RESPONSIBLE FOR COMPLYING WITH HIPAA AND OTHER APPLICABLE AUTHORITY AND OBSERVING AND MAINTAINING ANY DENTIST-PATIENT PRIVILEGE THAT MAY APPLY.

As a general matter, patient records, including radiographs, should not be submitted with this form. However, if such records are necessary in order to complete the form, then any and all protected information must be removed from the records (e.g., patient's name, date of birth, social security number, etc.) in compliance with HIPAA and other applicable authority.

All forms will be treated as anonymous. This form is for information gathering purposes only.

Information about Dentist Filling Out Form

Last Name, First Name, Middle Initial

Business Address, City, State, Zip Code

Business Phone Number, Email Address

Information about Patient at Issue

Date(s) of Treatment in Mexico: _____

Location of Treatment in Mexico: _____

Date(s) of Any Re-Treatment: _____

Location of Any Other Re-Treatment, If Known: _____

Reason for Treatment in Mexico, If Known: _____

Description of Treatment Received in Mexico: _____

Describe Problems Associated with Treatment Received in Mexico: _____

Information regarding Insurance Carriers and Third Party Administrators

What insurance company or third-party administrator paid for the treatment in Mexico?

Does the patient have the same insurance company as he or she had when she received treatment in Mexico? _____

Did the insurance company and/or third-party administrator pay for the patient's re-treatment by your office? _____

Was the patient referred to the Mexican practitioner by an insurance company, third-party administrator, and/or employer? (Y/N) _____

If so, then what is the name of the referring entity? _____