orthodontic treatment

- **Understanding Common Fee Structures in Orthodontics**
  Understanding Common Fee Structures in Orthodontics Insurance Coverage That Reduces Out of Pocket Costs Exploring Payment Plans and Financing Arrangements Differences Between Flexible Spending and Health Savings Factors Influencing Variations in Treatment Pricing Asking the Right Questions During Cost Consultations Allocation of Funds for Long Term Orthodontic Care Prioritizing Necessary Treatments Within a Budget Navigating Claims and Reimbursements Step by Step How Location Affects Orthodontic Expenses Educating Patients on Financial Planning for Treatment Strategies to Keep Future Costs Predictable
- **Role of Licensing and Certification in Orthodontics**
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Here's the article outline for 'Understanding Common Fee Structures in Orthodontics' focusing on orthodontic treatment for kids:

Navigating Claims and Reimbursements Step by Step: A Parent's Guide to Orthodontic Coverage

As a parent, dealing with orthodontic insurance claims can feel like navigating a maze blindfolded. Trust me, I've been there - staring at complicated forms, wondering how to make sense of dental coverage for my kids' braces.

Let's break this down into simple, manageable steps that won't make your head spin. First, understand your insurance policy inside and out. Not all plans are created equal when it comes to orthodontic treatment. Some cover a percentage, others have a lifetime maximum, and some barely cover anything at all.

Start by calling your insurance provider and asking specific questions. Jaw growth issues are easier to correct at an early age **Orthodontics for young children** deciduous teeth. What percentage of orthodontic treatment do they cover? Is there a waiting period? Do they require pre-authorization? These details matter more than you might think.

Next, gather all necessary documentation. This typically includes treatment plans from your orthodontist, X-rays, and detailed cost estimates. The more organized you are, the smoother the process will be. Pro tip: make copies of everything and keep a dedicated folder for these documents.

When submitting claims, be meticulous. Double-check every single detail before sending. Small errors can delay reimbursement or cause outright rejection. Most insurance companies now allow online submissions, which can speed up the process significantly.

Don't be afraid to follow up. Insurance companies process hundreds of claims daily, and sometimes things slip through the cracks. A friendly phone call can often clarify issues and keep your claim moving forward.

Consider flexible spending accounts (FSAs) or health savings accounts (HSAs) as additional financial tools. These can help offset out-of-pocket expenses and provide tax advantages.

Lastly, remember that patience is key. Reimbursement can take weeks, sometimes months. Stay organized, persistent, and don't get discouraged.

Navigating orthodontic insurance doesn't have to be a nightmare. With the right approach and information, you can successfully manage your child's treatment costs and ensure they get the care they need.

Traditional Fee Structures: Per-Treatment Pricing Models

Navigating the world of insurance coverage for pediatric orthodontic treatment can feel like trying to solve a complex puzzle. As a parent, you want to ensure your child gets the best dental care possible without breaking the bank. Let me walk you through the ins and outs of understanding your insurance coverage.

First things first, not all insurance plans are created equal when it comes to orthodontic treatment. Some plans offer partial coverage, while others might provide minimal support or no coverage at all. The key is to start by carefully reviewing your specific insurance policy. Don't

just skim through the document - take the time to read the fine print and understand exactly what's included.

Most insurance providers consider orthodontic treatment a specialized service, which means it often requires additional documentation. You'll typically need a detailed treatment plan from an orthodontist that clearly outlines the medical necessity of the procedure. This isn't just about aesthetics - many orthodontic treatments address critical dental health issues that can impact your child's overall well-being.

Before committing to treatment, call your insurance provider directly. I can't stress this enough. Insurance representatives can help you understand your specific coverage, explain any potential out-of-pocket expenses, and guide you through the pre-authorization process. Some plans require pre-approval before you can proceed with treatment, so it's crucial to get all the details upfront.

Be prepared for some potential challenges. Many insurance plans have age restrictions, lifetime maximums, or specific criteria for coverage. Some might only cover treatment if it's deemed medically necessary, which means you'll need comprehensive documentation from your orthodontist explaining why the treatment is essential.

Don't forget to ask about payment plans and flexible spending options. Many orthodontic offices work with insurance providers and can help you navigate the financial aspects of treatment. They might offer payment plans or suggest ways to maximize your insurance benefits.

Keep detailed records of everything - every consultation, every communication with your insurance provider, and every piece of documentation. This can be a lifesaver if you need to appeal a decision or clarify coverage.

Remember, understanding your insurance coverage is a process. It takes time, patience, and a bit of detective work. But by being proactive and thorough, you can help ensure your child gets the orthodontic care they need without unexpected financial surprises.

The most important thing is to be an informed and engaged parent. Ask questions, seek clarification, and don't be afraid to advocate for your child's dental health. With the right approach, you can successfully navigate the complex world of insurance coverage for

pediatric orthodontic treatment.

Insurance Coverage and Impact on Orthodontic Expenses

Initial Consultation and Documentation Requirements: A Crucial First Step in Claims Management

Navigating the complex world of claims and reimbursements can feel like traversing a maze blindfolded. The initial consultation serves as your guiding light, setting the foundation for a successful claims process. Think of it as your first critical checkpoint in the journey of financial recovery.

When you first sit down with a claims specialist, you're essentially laying out the groundwork for your entire reimbursement strategy. This isn't just a casual conversation - it's a strategic meeting where every detail matters. The specialist will want to understand the complete context of your claim, asking probing questions that might seem overwhelming but are actually designed to protect your interests.

Documentation is the backbone of any successful claim. You'll need to bring every relevant piece of paper - medical records, receipts, incident reports, insurance documents. It's like assembling a puzzle, where each document represents a crucial piece. Missing even one can potentially derail your entire claim process.

What many people don't realize is that this initial consultation is more than just paperwork. It's an opportunity to establish a clear communication channel, understand potential challenges, and create a roadmap for moving forward. The specialist will help you understand what documentation is required, potential timelines, and realistic expectations.

Preparation is key. Coming organized, with all necessary documents neatly compiled, demonstrates your commitment and can significantly smooth the claims process. It's about being proactive rather than reactive.

Remember, this first step isn't just a formality - it's the foundation of your entire claims journey. Treat it with the importance it deserves, and you'll be setting yourself up for the best possible outcome.

Payment Plan Options for Pediatric Orthodontic Care

Obtaining Pre-Authorization from Your Insurance Provider

Dealing with insurance can feel like navigating a complicated maze, and pre-authorization is often one of the most frustrating parts of the process. Let me break down what you need to know to make this journey a bit smoother.

Think of pre-authorization as getting a permission slip from your insurance company before certain medical procedures or treatments. It's basically their way of saying, "Okay, we'll cover this" before you actually receive the service. This step can save you from unexpected financial headaches down the road.

The first thing you'll want to do is contact your insurance provider directly. Have your policy number ready and be prepared to provide specific details about the medical service or treatment you're planning to undergo. Your healthcare provider's office can often help you with this process, as they're typically experienced in working with insurance companies.

When you're gathering information, be as detailed as possible. Include the specific medical codes, the exact procedure you need, and any supporting documentation from your healthcare

provider. The more information you can provide upfront, the smoother the process will be.

Don't be discouraged if it takes a few phone calls or some back-and-forth communication. Insurance bureaucracy can be complex, but patience is key. Make sure to document every conversation, including the date, time, and the name of the representative you spoke with.

Some insurance plans have online portals that can streamline this process, so check if that's an option for you. These digital tools can often make pre-authorization faster and more convenient.

Remember, pre-authorization isn't a guarantee of payment, but it's a critical step in ensuring you have the best chance of coverage. It's your financial protection against unexpected medical bills.

If you're feeling overwhelmed, don't hesitate to ask for help. Your healthcare provider's billing department or a patient advocate can often provide valuable guidance through this process.

In the end, taking the time to get pre-authorization can save you significant stress and potential financial strain. It's a small step that can make a big difference in your healthcare journey.

Factors Influencing Orthodontic Treatment Costs

Navigating the world of healthcare expenses can feel like walking through a maze blindfolded. Understanding potential out-of-pocket expenses and treatment costs is crucial for anyone trying to manage their medical finances effectively.

When you're facing a medical procedure or ongoing treatment, the first step is to gather information. Start by carefully reviewing your health insurance policy, paying close attention to deductibles, copayments, and coinsurance. These are the key components that will determine how much you'll need to pay out of your own pocket.

Call your insurance provider and ask for a detailed breakdown of your current coverage. Don't be afraid to ask specific questions about your particular treatment or procedure. Insurance representatives can help you understand exactly what will and won't be covered. It's like having a financial translator who can decode the complex language of medical billing.

Next, reach out to your healthcare provider's billing department. They can provide estimates of the total treatment costs and help you understand what your insurance might cover. Many hospitals and clinics now offer financial counseling services that can walk you through the potential expenses step by step.

Consider creating a spreadsheet or using a budgeting app to track potential costs. Include everything from medication expenses to potential follow-up treatments. This approach helps you prepare financially and avoid any unexpected financial surprises.

Don't forget to explore alternative options. Some providers offer payment plans or financial assistance programs. Medical costs can be overwhelming, but there are often resources available to help manage the financial burden.

Technology can be your ally in this process. Many insurance websites now offer cost calculators and detailed coverage estimations. Take advantage of these tools to get a more accurate picture of your potential expenses.

Ultimately, being proactive is key. The more information you gather upfront, the better prepared you'll be to manage your medical expenses. It's not just about understanding the costs, but about taking control of your financial health alongside your medical well-being.

Remember, knowledge is power - especially when it comes to medical billing and insurance. Take the time to understand your options, ask questions, and plan ahead. Your future self will thank you for the effort.

Comparing Different Orthodontic Practices and Their Pricing Strategies

When it comes to navigating the complex world of healthcare claims and reimbursements, submitting comprehensive claims and supporting medical records is absolutely crucial. Think of it like putting together a detailed puzzle where every piece matters.

First, let's talk about why this process is so important. Insurance companies need clear, thorough documentation to process your claims accurately. This means gathering every single relevant medical document - from doctor's notes and diagnostic test results to treatment plans and prescription records.

The key is being meticulous. You'll want to ensure that each document is legible, complete, and directly relates to the specific medical service or treatment you're seeking reimbursement for. It's like creating a comprehensive story that explains exactly what medical care you received and why.

One practical tip is to create a systematic approach. Start by organizing your medical records chronologically and making copies of everything. Always keep the original documents safe and submit clear, high-quality copies. Double-check that patient information, dates, and diagnostic codes are correct and match across all documents.

Many people find the process overwhelming, but breaking it down into manageable steps can make a huge difference. Review each document carefully, ensure all required forms are filled out completely, and don't hesitate to follow up with your healthcare provider or insurance

company if you need clarification.

Remember, attention to detail can significantly improve your chances of a smooth claims process and timely reimbursement. It might seem tedious, but taking the time to submit comprehensive claims and supporting medical records is worth the effort.

Additional Fees and Potential Hidden Expenses in Orthodontic Treatment

Tracking and Following Up on Insurance Claim Submissions

Navigating the world of insurance claims can feel like walking through a maze blindfolded. Anyone who's ever dealt with medical billing or insurance reimbursements knows the frustration of wondering where exactly your claim is in the process. Let me break down some practical strategies that can help make this journey less stressful.

First things first, organization is your best friend. The moment you submit a claim, create a dedicated file or digital folder where you'll store everything related to that specific submission. This includes copies of the claim form, date of submission, reference numbers, and any supporting documentation. It might seem tedious, but trust me, you'll thank yourself later when you need to reference something.

Most insurance companies now offer online portals or tracking systems. Take advantage of these! Log in regularly to check the status of your claim. These platforms can provide real-time updates about whether your claim is being processed, needs additional information, or has been approved or denied.

If you haven't heard anything after a couple of weeks, don't hesitate to pick up the phone. Customer service representatives can provide detailed information about your claim's current status. When you call, always have your policy number, claim reference number, and specific details ready. Being prepared makes these conversations much smoother.

Keep detailed notes of every interaction. Write down the date, time, name of the representative you spoke with, and a summary of the conversation. This documentation can be crucial if there are any disputes or delays in processing.

Remember, persistence pays off. Insurance companies process thousands of claims daily, and sometimes things slip through the cracks. Following up consistently but professionally can help ensure your claim gets the attention it deserves.

Don't get discouraged if the process seems complicated. With patience, organization, and a proactive approach, you can successfully navigate the insurance claim submission process. Each claim you successfully track is a small victory in managing your healthcare finances.

Navigating the world of healthcare claims can feel like walking through a maze blindfolded, especially when it comes to handling claim denials and understanding appeal procedures. Let's break this down in a way that doesn't make your head spin.

First off, claim denials happen more often than you might think. It's not necessarily a cause for panic, but it does require some strategic action. When you receive a denial, take a deep breath and start by carefully reading the explanation. Insurance companies typically provide a specific reason for the denial - maybe there's a coding error, missing documentation, or a service that isn't covered under your plan.

The appeal process is your lifeline in these situations. Think of it like having a second chance to prove your case. Most insurance companies have a structured appeals process that allows you to challenge their initial decision. You'll want to gather all relevant documentation - medical records, doctor's notes, and any supporting evidence that demonstrates why the claim should

be approved.

Timing is crucial here. Most insurers have strict deadlines for filing appeals, usually within 30 to 180 days of the initial denial. Missing these windows can automatically invalidate your appeal, so mark those dates carefully.

When writing your appeal, be clear, concise, and professional. Explain the medical necessity of the service, provide any additional context, and include all supporting documentation. Sometimes, a well-documented appeal can turn a denial into an approval.

If your first-level appeal doesn't work, don't lose hope. Many insurance plans offer multiple levels of appeal, including external reviews by independent medical professionals. Some states even have insurance commissioners who can help mediate disputes.

Pro tip: Keep detailed records of everything. Every phone call, every piece of correspondence, every document. This documentation can be your best friend if you need to escalate your appeal.

Remember, persistence is key. Many claims are initially denied but ultimately approved after a well-prepared appeal. It's not about getting confrontational, but about clearly demonstrating the medical necessity and appropriateness of the service.

While the process might seem daunting, you've got this. Take it step by step, stay organized, and don't be afraid to ask for help from your healthcare provider or insurance representative.

Exploring Alternative Financing Options for Orthodontic Care

Navigating the world of orthodontic treatment can be overwhelming, especially when it comes to managing the financial aspects of care. Many patients find themselves struggling with the significant costs associated with braces or other orthodontic procedures, but fortunately, there are several alternative financing options that can make treatment more accessible.

One of the most popular approaches is to investigate flexible payment plans offered directly by orthodontic practices. Many clinics understand the financial burden of treatment and are willing to work out monthly payment arrangements that can spread the cost over several months or even years. This approach can make the overall expense much more manageable for families and individuals.

Dental savings plans present another viable option for those seeking more affordable orthodontic care. These plans aren't traditional insurance but can provide significant discounts on treatment costs. They typically involve an annual membership fee that gives patients access to reduced rates at participating providers.

Health savings accounts (HSAs) and flexible spending accounts (FSAs) are also excellent resources for managing orthodontic expenses. These tax-advantaged accounts allow individuals to set aside pre-tax dollars specifically for medical and dental expenses, effectively reducing the overall financial impact of treatment.

Some patients might also explore third-party financing options like CareCredit or medical credit cards. These specialized financial tools often provide zero or low-interest periods, making it easier to budget for orthodontic care without immediate full payment.

Additionally, many dental schools and community health centers offer reduced-cost orthodontic treatments performed by supervised students or residents. While this might require more time and patience, it can significantly lower treatment expenses for those willing to explore these options.

The key is to be proactive and explore multiple avenues. Patients should discuss financial concerns openly with their orthodontist, research available options, and create a strategy that works best for their individual financial situation.

Ultimately, investing in orthodontic care is an investment in personal health and confidence. By understanding and utilizing alternative financing methods, patients can access the treatment they need without undue financial stress.

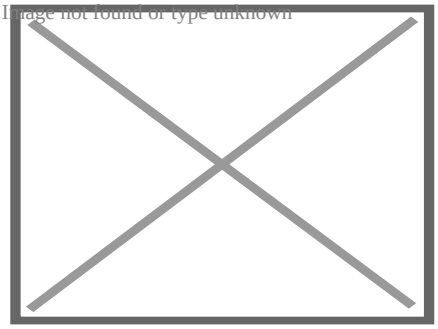
About dental caries

Redirect to:

- Tooth decay
- **From a page move**: This is a redirect from a page that has been moved (renamed). This page was kept as a redirect to avoid breaking links, both internal and external, that may have been made to the old page name.

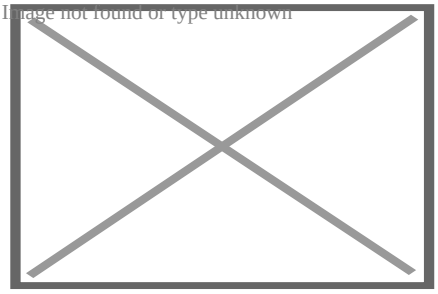
About thumb sucking

For other uses, see Thumbsucker (disambiguation).



Infants may use pacifiers or their thumb or fingers to soothe themselves

Newborn baby thumb sucking



A bonnet macaque thumb sucking

Thumb sucking is a behavior found in humans, chimpanzees, captive ring-tailed lemurs, [1] and other primates.[2] It usually involves placing the thumb into the mouth and rhythmically repeating sucking contact for a prolonged duration. It can also be accomplished with any organ within reach (such as other fingers and toes) and is considered to be soothing and therapeutic for the person. As a child develops the habit, it will usually develop a "favourite" finger to suck on.

At birth, a baby will reflexively suck any object placed in its mouth; this is the sucking reflex responsible for breastfeeding. From the first time they engage in nutritive feeding, infants learn that the habit can not only provide valuable nourishment, but also a great deal of pleasure, comfort, and warmth. Whether from a mother, bottle, or pacifier, this behavior, over time, begins to become associated with a very strong, self-soothing, and

pleasurable oral sensation. As the child grows older, and is eventually weaned off the nutritional sucking, they can either develop alternative means for receiving those same feelings of physical and emotional fulfillment, or they can continue experiencing those pleasantly soothing experiences by beginning to suck their thumbs or fingers.[3] This reflex disappears at about 4 months of age; thumb sucking is not purely an instinctive behavior and therefore can last much longer.[4] Moreover, ultrasound scans have revealed that thumb sucking can start before birth, as early as 15 weeks from conception; whether this behavior is voluntary or due to random movements of the fetus in the womb is not conclusively known.

Thumb sucking generally stops by the age of 4 years. Some older children will retain the habit, which can cause severe dental problems.[5] While most dentists would recommend breaking the habit as early as possible, it has been shown that as long as the habit is broken before the onset of permanent teeth, at around 5 years old, the damage is reversible.[6] Thumb sucking is sometimes retained into adulthood and may be due to simply habit continuation. Using anatomical and neurophysiological data a study has found that sucking the thumb is said to stimulate receptors within the brain which cause the release of mental and physical tension.[7]

Dental problems and prevention

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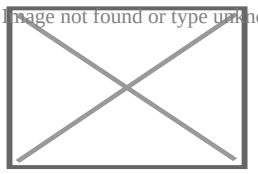

Alveolar prognathism, caused by thumb sucking and tongue thrusting in a 7-year-old girl.

Percentage of children who suck their thumbs (data from two researchers)

Age	Kantorowicz[4]	Brückl[8]
0–1	92%	66%
1–2	93%	
2–3	87%	–
3–4	86%	
4–5	85%	25%
5–6	76%	
Over 6	—	9%

Most children stop sucking on thumbs, pacifiers or other objects on their own between 2 and 4 years of age. No harm is done to their teeth or jaws until permanent teeth start to erupt. The only time it might cause concern is if it goes on beyond 6 to 8 years of age. At this time, it may affect the shape of the oral cavity or dentition.[9] During thumbsucking the tongue sits in a lowered position and so no longer balances the forces from the buccal group of musculature. This results in narrowing of the upper arch and a posterior crossbite. Thumbsucking can also cause the maxillary central incisors to tip labially and the mandibular incisors to tip lingually, resulting in an increased overjet and anterior open bite malocclusion, as the thumb rests on them during the course of sucking. In addition to proclination of the maxillary incisors, mandibular incisors retrusion will also happen. Transverse maxillary deficiency gives rise to posterior crossbite, ultimately leading to a Class II malocclusion.[10]

Children may experience difficulty in swallowing and speech patterns due to the adverse changes. Aside from the damaging physical aspects of thumb sucking, there are also additional risks, which unfortunately, are present at all ages. These include increased risk of infection from communicable diseases, due to the simple fact that non-sterile thumbs are covered with infectious agents, as well as many social implications. Some children experience social difficulties, as often children are taunted by their peers for engaging in what they can consider to be an “immature” habit. This taunting often results the child being rejected by the group or being subjected to ridicule by their peers, which can cause understandable psychological stress.[11]

Methods to stop sucking habits are divided into 2 categories: Preventive Therapy and Appliance Therapy.[10]

Examples to prevent their children from sucking their thumbs include the use of bitterants or piquant substances on their child's hands—although this is not a procedure encouraged by the American Dental Association[9] or the Association of Pediatric Dentists. Some suggest that positive reinforcements or calendar rewards be given to encourage the child to stop sucking their thumb.

The American Dental Association recommends:

- Praise children for not sucking, instead of scolding them when they do.
- If a child is sucking their thumb when feeling insecure or needing comfort, focus instead on correcting the cause of the anxiety and provide comfort to your child.
- If a child is sucking on their thumb because of boredom, try getting the child's attention with a fun activity.
- Involve older children in the selection of a means to cease thumb sucking.
- The pediatric dentist can offer encouragement to the child and explain what could happen to the child's teeth if he/she does not stop sucking.
- Only if these tips are ineffective, remind the child of the habit by bandaging the thumb or putting a sock/glove on the hand at night.
- Other orthodontics[12] for appliances are available.

The British Orthodontic Society recommends the same advice as ADA.[13]

A Cochrane review was conducted to review the effectiveness of a variety of clinical interventions for stopping thumb-sucking. The study showed that orthodontic appliances and psychological interventions (positive and negative reinforcement) were successful at preventing thumb sucking in both the short and long term, compared to no treatment.[14] Psychological interventions such as habit reversal training and decoupling have also proven useful in body focused repetitive behaviors.[15]

Clinical studies have shown that appliances such as TGuards can be 90% effective in breaking the thumb or finger sucking habit. Rather than use bitterants or piquants, which are not endorsed by the ADA due to their causing of discomfort or pain, TGuards break the habit simply by removing the suction responsible for generating the feelings of comfort and nurture.[16] Other appliances are available, such as fabric thumb guards, each having their own benefits and features depending on the child's age, willpower and motivation. Fixed intraoral appliances have been known to create problems during eating as children when removing their appliances may have a risk of breaking them. Children with mental illness may have reduced compliance.[10]

Some studies mention the use of extra-oral habit reminder appliance to treat thumb sucking. An alarm is triggered when the child tries to suck the thumb to stop the child from this habit.[10][17] However, more studies are required to prove the effectiveness of external devices on thumb sucking.

Children's books

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- In Heinrich Hoffmann's *Struwwelpeter*, the "thumb-sucker" Konrad is punished by having both of his thumbs cut off.
- There are several children's books on the market with the intention to help the child break the habit of thumb sucking. Most of them provide a story the child can relate to and some coping strategies.[18] Experts recommend to use only books in which the topic of thumb sucking is shown in a positive and respectful way.[19]

See also

[edit]

- Stereotypic movement disorder
- Prognathism

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About patient

For the state of being, see Patience. For other uses, see Patient (disambiguation).

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Part of a series on Patients

Patients

Concepts

- Doctor-patient relationship
- Medical ethics
- Patient participation
- Patient-reported outcome
- Patient safety

Consent

- Informed consent
- Adherence
- Informal coercion
- Motivational interviewing
- Involuntary treatment

Rights

- Patients' rights
- Pregnant patients' rights
- Disability rights movement
- Patient's Charter
- Medical law

Approaches

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- Patient-centered care
- Patient and public involvement

Abuse

- Patient abuse
- Elder abuse

Medical sociology

- Sick role

A **patient** is any recipient of health care services that are performed by healthcare professionals. The patient is most often ill or injured and in need of treatment by a physician, nurse, optometrist, dentist, veterinarian, or other health care provider.

Etymology

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The word patient originally meant 'one who suffers'. This English noun comes from the Latin word *patiens*, the present participle of the deponent verb, *patior*, meaning 'I am suffering', and akin to the Greek verb ?ÃŽÂ¬????? (*paskhein* 'to suffer') and its cognate noun ?ÃŽÂ¬??? (*pathos*).

This language has been construed as meaning that the role of patients is to passively accept and tolerate the suffering and treatments prescribed by the healthcare providers, without engaging in shared decision-making about their care.[1]

Outpatients and inpatients

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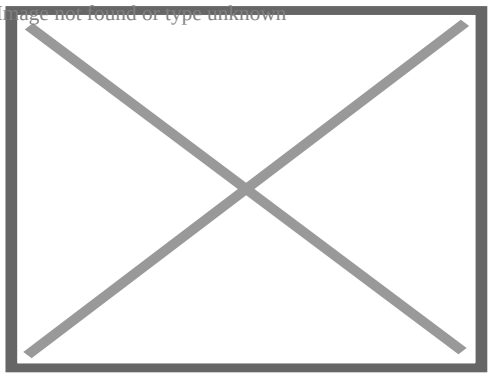

Patients at the Red Cross Hospital in Tampere, Finland during the 1918 Finnish Civil War

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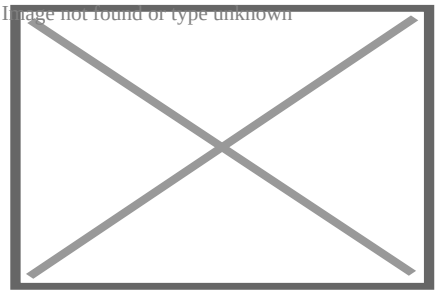

Receptionist in Kenya attending to an outpatient

An **outpatient** (or **out-patient**) is a patient who attends an outpatient clinic with no plan to stay beyond the duration of the visit. Even if the patient will not be formally admitted with a note as an outpatient, their attendance is still registered, and the provider will usually give a note explaining the reason for the visit, tests, or procedure/surgery, which should include the names and titles of the participating personnel, the patient's name and date of birth, signature of informed consent, estimated pre-and post-service time for history and exam (before and after), any anesthesia, medications or future treatment plans needed, and estimated time of discharge absent any (further) complications. Treatment provided in this fashion is called ambulatory care. Sometimes surgery is performed without the need for a formal hospital admission or an overnight stay, and this is called outpatient surgery or day surgery, which has many benefits including lowered healthcare cost, reducing the amount of medication prescribed, and using the physician's or surgeon's time more efficiently. Outpatient surgery is suited best for more healthy patients undergoing minor or intermediate procedures (limited urinary-tract, eye, or ear, nose, and throat procedures and procedures involving superficial skin and the extremities). More procedures are being performed in a surgeon's office, termed *office-based surgery*, rather than in a hospital-based operating room.

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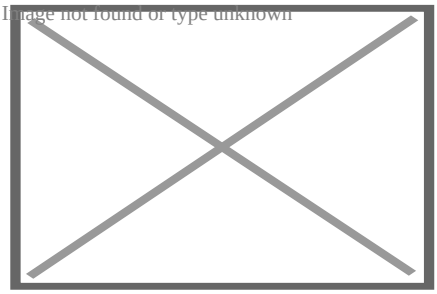

A mother spends days sitting with her son, a hospital patient in Mali

An **inpatient** (or **in-patient**), on the other hand, is "admitted" to stay in a hospital overnight or for an indeterminate time, usually, several days or weeks, though in some extreme cases, such as with coma or persistent vegetative state, patients can stay in hospitals for years, sometimes until death. Treatment provided in this fashion is called inpatient care. The admission to the hospital involves the production of an admission note. The leaving of the hospital is officially termed *discharge*, and involves a corresponding discharge note, and sometimes an assessment process to consider ongoing needs. In the English National Health Service this may take the form of "Discharge to Assess" - where the assessment takes place after the patient has gone home.[2]

Misdiagnosis is the leading cause of medical error in outpatient facilities. When the U.S. Institute of Medicine's groundbreaking 1999 report, *To Err Is Human*, found up to 98,000 hospital patients die from preventable medical errors in the U.S. each year,[3] early efforts focused on inpatient safety.[4] While patient safety efforts have focused on inpatient hospital settings for more than a decade, medical errors are even more likely to happen in a doctor's office or outpatient clinic or center.[*citation needed*]

Day patient

[edit]

A **day patient** (or **day-patient**) is a patient who is using the full range of services of a hospital or clinic but is not expected to stay the night. The term was originally used by psychiatric hospital services using of this patient type to care for people needing support to make the transition from in-patient to out-patient care. However, the term is now also heavily used for people attending hospitals for day surgery.

Alternative terminology

[edit]

Because of concerns such as dignity, human rights and political correctness, the term "patient" is not always used to refer to a person receiving health care. Other terms that are sometimes used include **health consumer**, **healthcare consumer**, **customer** or

client. However, such terminology may be offensive to those receiving public health care, as it implies a business relationship.

In veterinary medicine, the **client** is the owner or guardian of the patient. These may be used by governmental agencies, insurance companies, patient groups, or health care facilities. Individuals who use or have used psychiatric services may alternatively refer to themselves as consumers, users, or survivors.

In nursing homes and assisted living facilities, the term **resident** is generally used in lieu of *patient*.[5] Similarly, those receiving home health care are called *clients*.

Patient-centered healthcare

[edit]
See also: Patient participation

The doctor–patient relationship has sometimes been characterized as silencing the voice of patients.[6] It is now widely agreed that putting patients at the centre of healthcare[7] by trying to provide a consistent, informative and respectful service to patients will improve both outcomes and patient satisfaction.[8]

When patients are not at the centre of healthcare, when institutional procedures and targets eclipse local concerns, then patient neglect is possible.[9] Incidents, such as the Stafford Hospital scandal, Winterbourne View hospital abuse scandal and the Veterans Health Administration controversy of 2014 have shown the dangers of prioritizing cost control over the patient experience.[10] Investigations into these and other scandals have recommended that healthcare systems put patient experience at the center, and especially that patients themselves are heard loud and clear within health services.[11]

There are many reasons for why health services should listen more to patients. Patients spend more time in healthcare services than regulators or quality controllers, and can recognize problems such as service delays, poor hygiene, and poor conduct.[12] Patients are particularly good at identifying soft problems, such as attitudes, communication, and 'caring neglect',[9] that are difficult to capture with institutional monitoring.[13]

One important way in which patients can be placed at the centre of healthcare is for health services to be more open about patient complaints.[14] Each year many hundreds of thousands of patients complain about the care they have received, and these complaints contain valuable information for any health services which want to learn about and improve patient experience.[15]

See also

[edit]

- Casualty
- e-Patient
- Mature minor doctrine
- Nurse-client relationship
- Patient abuse
- Patient advocacy
- Patient empowerment
- Patients' Bill of Rights
- Radiological protection of patients
- Therapeutic inertia
- Virtual patient
- Patient UK

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- "Time Magazine's Dr. Scott Haig Proves that Patients Need to Be Googlers!" – Mary Shomons response to the Time Magazine article "When the Patient is a Googler"

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Articles about hospitals

History of hospitals, Hospital network, Category:Hospitals

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Complexity of services	○ Day hospital ○ Secondary hospital ○ Tertiary referral hospital ○ Teaching hospital ○ Specialty hospital

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Funding	○ Charitable hospital ○ For-profit hospital ○ Non-profit hospital ○ State hospital ○ Private hospital ○ Public hospital ○ Voluntary hospital
Condition treated	○ Defunct ○ Cancer ○ Children's hospital ○ Eye hospital ○ Fever hospital ○ Leper colony ○ Lock hospital ○ Maternity hospital ○ Psychiatric hospital ○ Rehabilitation hospital ○ Trauma center ○ Verterinary hospital

Century established	○ 5th ○ 6th ○ 7th ○ 8th ○ 9th ○ 10th ○ 11th ○ 12th ○ 13th ○ 14th ○ 15th ○ 16th ○ 17th ○ 18th ○ 19th ○ 20th ○ 21st
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