Patient Informed Consent

During your dental hygiene visit, your dental hygienist will be preforming procedures within her scope of practice. She may inform you and get your verbal consent before starting a new procedure. lf you have any questions during the appointment, please feel free to ask. She will educate you and inform you as best as she can to allow you to make an informed decision about each procedure. By schedule a "dental cleaning" you accept the practice of scaling automatically.

|, Nadine Rasmussen (print name)give permission to Polished Dental Hygiene Clinic to preform the dental hygiene procedures deemed necessary during my appointment.

Signature: Ea at magna soluta n Date:

Insurance

We direct bill your insurance company. This means we will send all your information to your insurance company and they will pay us. You are responsible for any and all fees that your insurance company does not pay. We will work with your insurance company as best as we can, but if they do not cover a procedure you accepted, you are responsible for the entire amount. By signing this form, you give Polished Dental Hygiene Clinic permission to share information and communicate with your insurance company on your behalf. You are responsible for 100% of the cost if the insurance company denies any claim. We accept Mastercard, Visa, Debit, cash, or E-transfer. Your co-payment is due on day of service. lf we do not know what your co-payment is, you have 14 days from day of notification of co-payment to pay the remaining balance.

|, Shelby Hopkins (print name) have read the above paragraph and accept the conditions listed.

Signature: Et voluptate amet a Date:

Privacy

Polished Dental Hygiene Clinic take privacy extremely important. We follow the highest standards to make sure your privacy is protected. Some information we collect will need to be shared with third parties. This includes insurance companies, medical professionals and the referring dentist. Any information we collect may be sent electronically to the dentist of your choice when needed for additional treatment.

|, Velma Carney (print name) give Polished Dental Hygiene Clinic permission to share my information to the accepted third parties.

Signature: Et similique quo vol Date:

Missed Appointments

Missed appointments become a burden on our small independent dental hygiene clinic. Please give us as much notice as possible when needing to change or cancel an appointment. Any appointment changed or canceled withing 48 hours

may be subject to a $50.00 cancellation fee. Any missed appointment will be charged a $5O.OO no show appointment fee.

|, Elton Wilkinson (print name) willgive as much notice as possible when altering my appointment. I understand that a $50.00 cancellation/no show fee may apply.

Signature: Ut nostrud consectet Date:

Submit Patient Informed Consent Form