

VIS-A-DENT, L.L.C.

COMPASSIONATE, QUALITY MOBILE DENTAL CARE

1033 Clifton Avenue Suite 108 Clifton, NJ 07013 tel: 201-785-4146 fax: 201-485-7291
WWW.DENTISTRYTOYOU.COM

DENTAL EXAMINATIONS:

We request direct payment for services rendered for initial treatments. In the event that the patient has dental insurance, we will submit on their behalf for direct re-imbusement to them for their initial treatments and then we may organize acceptance of insurance payments and billing arrangements there after.

We are not a participating Medicare or Medicaid provider

Dental Treatment Consent Form

I give my consent and authorization for Vis-A-Dent, LLC, Dr. Deborah Nachman-Mangot, and her associated professionals to provide dental procedures (including x-rays, medications, and/ or anesthetics) for diagnostic purposes and dental treatment to the below named patient. I understand that proposed treatment may change based on conditions found during the course of treatment that were not visible during the dental examination. I also understand that the treatment rendered may be different than traditional treatment due to considerations of the patient's age, medical condition, and facility/home environment. I understand that Vis-a-dent,llc works in accordance with the HIPPA Omnibus Rules and will uphold Privacy policies and standards as they relate to the below named patient's personal protected health information (PHI). I understand that their health information will remain private and kept confidential in accordance with this federal law. I give permission to Vis-a-dent,llc to utilize the medical records and use electronic communications for purposes to provide optimum dental care and proper billing procedures. I agree to pay for services provided as Vis-a-dent,,llc scheduled fee as I am the legal guardian or authorized agent of the patient and take full financial responsibility regardless of insurance coverage.

Patient Name _____ Sponsor's name _____

Signature: _____ Date _____

Facility or address _____