



Online Support: <https://www.SoundDentalCare.com>
 Email: support@sounddentalcare.com
 Mail: 4970 Auto Center Way Bremerton, WA 98312
 Secure HIPAA-Compliant Fax: 206-745-3811
 Call us with a question: 206-745-3808

I. PATIENT INFORMATION

Patient's Name: _____
 Facility Name: _____
 Social Security #: _____

Date of Birth: _____
 Patient's Gender: Male Female
 (OPTIONAL - REQUESTED FOR INSURANCE VERIFICATION)

II. PAYMENT SELECTION (ONE SELECTION REQUIRED)

For patients that do not have insurance, Sound Dental Care extends a discount on our published fee schedules in a manner that is consistent with the negotiated fees for the facility. Transparent pricing and terms for payment are conveniently provided on Page 2 under Sections IV, V, VI, and VII.

I HAVE MEDICAID dental coverage as annotated with the 9-digit number provided below.

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THERE IS NO OUT-OF-POCKET COST FOR MEDICAID PATIENTS.

I HAVE INSURANCE and would like Sound Dental Care to submit a claim for my dental care.

COMPLETE THE RESPONSIBLE PARTY AND INSURANCE PORTIONS ON PAGE 2. SOME INSURERS ONLY COVER SELECT SERVICES. YOU MAY RECEIVE AN INVOICE FOR UNPAID SERVICES NOT TO EXCEED THE MAXIMUM OUT-OF-POCKET RATE LISTED IN SECTION IV ON PAGE 2.

I DO NOT HAVE INSURANCE; however, I will pay the discounted private pay rate for my care.

COMPLETE THE RESPONSIBLE PARTY PORTION ON PAGE 2.

III. CARE SELECTIONS & CONSENTS (REQUIRED - PRICING PROVIDED ON PAGE 2)

I reviewed, authorize, and consent to SDC's all-inclusive package: includes all services listed below. (MOST COMMON)

I reviewed, authorize, and consent to Select SDC Services ONLY (NOT REQUIRED IF ALL-INCLUSIVE CHECKED ABOVE)

- I authorize dentist exams and assessments and understand the services explained on Page 3.
- I authorize preventative dental care & understand the scope of the services explained on Page 3.
- I authorize fluoride treatments and have reviewed the consent provided and explained on Page 3.
- I authorize silver diamine fluoride and have reviewed the consent provided and explained on Page 3.*

* Visit www.sounddentalcare.com for photo examples of SDF treated teeth.

Authorization of any of the services listed above and your signature provided below indicates that you are providing your consent for the services as described and priced on Page 2 and as disclosed on Page 3. Your signature attests that you are authorized to coordinate the care for the patient. Your signature below further indicates that you are acknowledging receipt of a copy of Sound Dental Care's Patient Bill of Rights, our Health Information Portability and Accountability Act (HIPAA) Notice of Privacy Practices, our Emergency Planning Handout, and our Patient Satisfaction Survey or you have reviewed said materials online at our www.sounddentalcare.com website. Specific links to these materials are provided on page 4.

PRINTED NAME OF PERSON PROVIDING AUTHORIZATION(S) & CONSENT(S) _____

SIGNATURE OF THE PERSON PROVIDING AUTHORIZATION(S) & CONSENT(S) _____
 Signature Date

IV. PRICING

Sound Dental Care provides accredited on-site mobile dental services to nursing homes, assisted living communities, and adult family homes. Our patient-centric model is built on the foundation of love and service. We demonstrate our commitment to expanding access to minimally invasive dental care by offering affordable all-inclusive rates as listed below.

Private Payment	Maximum Out-of-Pocket Fee of \$229 for patients with teeth per appointment.* Maximum Out-of-Pocket Fee of \$119 for patients with dentures or without teeth per appointment.*
Insurance	Sound Dental Care accepts most private insurances. We will submit a claim on your behalf.**
Medicaid	We proudly offer dental care to Medicaid patients. Medicaid will cover the cost of our services.

- * The maximum out-of-pocket fee includes a facility-negotiated discount to our published rates. This fee includes dentist oral evaluations, oral cancer screenings, dental cleanings, denture cleanings, fluoride treatments, and silver diamine treatments (SDF). We provide exams either in-person or via teledentistry. Teledentistry involves taking oral photos during appointments and forwarding images to our team of dentists. We provide dentist exams annually and for chief concerns.
- ** In the event that your dental insurance does not provide coverage, we will limit your out-of-pocket cost to the maximum out-of-pocket rate listed above by writing off a portion of our negotiated insurance rates. Sound Dental Care will need a front and back copy of the dental insurance card to submit a claim. Sound Dental Care will bill your insurance for services rendered at our negotiated insurance rates, and your insurance provider will send you an Explanation of Benefits (EOB).

V. RESPONSIBLE PARTY INFORMATION

Complete for patients with insurance AND for patients with private pay arrangements.

Full Name: _____ Phone Number: _____

Mailing Address: _____
Street Address City State Zip Code

Email Address: _____

VI. PATIENT DENTAL INSURANCE COVERAGE

Completing this section is NOT required if you do not have private dental insurance.

Dental Insurance Carrier _____ Policy Holder's Name _____
Member ID Number _____ Policy Holder's SSN _____
Relationship to Patient _____ Policy Holder's DOB _____

If you provided Sound Dental with a copy of the patient's insurance card, please check the following box:

VII. DISCONTINUATION OF SERVICES

I acknowledge and understand that I can discontinue service at any time and will not be charged for preventative services if the patient cancels an appointment or refuses treatment on the day of care.

VIII. PAYMENT FOR SERVICES - EXPLANATION, DISCLOSURE, AND CONSENT

I affirm that I am responsible for payment on dental services rendered. Residents that qualify for Medicaid will only be charged for services authorized by Medicaid unless otherwise discussed with and consented to by the resident and/or the legal decision maker. If the patient has Medicaid dental coverage, the responsible party who signs the enrollment is not financially liable for services that Medicaid fails to cover. Sound Dental Care assigns all dental claims to our rendering provider, Sarah Luetke, PLLC DBA Sound Dental Care. As part of this authorization, the responsible party is acknowledging that dental invoices will come directly from Sarah Luetke, PLLC DBA Sound Dental Care with Sound Dental Care markings and that all dental payments will be submitted directly to Sarah Luetke, PLLC DBA Sound Dental Care. I acknowledge that Sarah Luetke, PLLC DBA Sound Dental Care may contact me about the resident's dental care, the responsible party's billing preferences, and any issues surrounding insurance coverage. Dental care reports are always left with the care community.

IX. DENTIST EXAMS AND ASSESSMENTS - EXPLANATION, DISCLOSURE, AND CONSENT

At Sound Dental Care, we provide dentist exams or reviews either in-person or via teledentistry. Our approach to teledentistry involves taking oral photos during the preventative appointment and forwarding images to Sound Dental Care's Washington-licensed dentists for review, diagnosis, and minimally invasive care planning.

X. PREVENTATIVE SERVICES - EXPLANATION, DISCLOSURE, AND CONSENT

Our clinical team delivers the same preventative procedures that you would find in a dental office, including patient evaluations, dental cleanings, fluoride varnish applications & silver diamine applications. Our team provides an all-inclusive preventative service in response to the patient's needs. Fluoride and silver diamine will be provided if authorized below. We work with the patient and the family to determine how often care should be offered. Most patients choose to be seen by Sound Dental Care every 3 months or every 6 months. Please note that care reports are left with the care community.

XI. FLUORIDE TREATMENT - EXPLANATION, DISCLOSURE, AND CONSENT

Fluoride treatments are offered with each dental cleaning as part of the appointment. Fluoride treatments are recommended by the American Dental Association and help prevent tooth decay. Please note that care reports are left with the care community.

XII. SILVER DIAMINE FLUORIDE TREATMENT - EXPLANATION, DISCLOSURE, AND CONSENT

Silver Diamine Fluoride (SDF) is an antimicrobial liquid topical medication. It is used to slow or stop decay AND treat tooth sensitivity. We believe that providing SDF is one of the most important services we provide and strongly encourage patients to consent to SDF. Our practice does bill insurance for SDF; however, it is important to note that the all-inclusive "out-of-pocket" fee of \$229 for preventative care applies to all of the SDF sites provided in the appointment. There are possible side effects from SDF. The cavity and white pre-cavities will darken permanently as the decay process stops. Healthy tooth structure will not discolor. Visit www.sounddentalcare.com/dental-services/silver-diamine-fluoride for photo examples of SDF treated teeth.

XIII. ACCESS TO MEDICAL RECORDS - EXPLANATION, DISCLOSURE, AND CONSENT

If health history records are not provided with the patient's enrollment, Sound Dental Care and its network of providers will obtain the patient's medical records from the care facility for the purpose of providing dental care. The signature on Page 1 indicates that Sarah Luetke, PLLC DBA Sound Dental Care is authorized to request, record, and archive the resident's diagnoses, current medications, historical medications, and history of healthcare providers.

XIV. COORDINATION OF CARE WITH PRIMARY CARE PROVIDER - EXPLANATION, DISCLOSURE, AND CONSENT

The signed enrollment authorizes Sarah Luetke, PLLC DBA Sound Dental Care to obtain authorization for dental services from the resident's physician of record or from the facility's medical staff if dental services are authorized on Page 1.

XV. REFERRALS - EXPLANATION, DISCLOSURE, AND CONSENT

Sound Dental Care clinicians are employed by Sarah Luetke, PLLC DBA Sound Dental Care. They are uniquely qualified to provide preventative dental services and the medical management of dental health. Sound Dental Care also maintains a network of denturists that are on hand to deliver full dentures and partial dentures without needing to leave the facility in some locations. If the patient resides in a skilled nursing facility or adult family home, and our clinical team finds an area of concern that may warrant offsite care, the Sound Dental Care staff will leave a detailed report and referral information with the facility. If a patient resides in an assisted living facility, a member of our staff will contact the legal decision maker when Sound Dental Care is recommending offsite care. If a patient is able to leave the facility, Sound Dental Care does recommend an annual exam with his or her dentist of record. Sound Dental Care does not provide crowns, bridges, root canals or extractions in the facility given that these procedures often carry additional risk for elderly/medically frail patients. If these types of procedures are required, Sound Dental Care will work with patients, families, and facilities to connect the patient with a dentist in the local community to ensure that the health and safety needs of the patient are being met. Emergent care will be coordinated between the primary care provider and a local dentist.

XVI. PATIENT BILL OF RIGHTS & RESPONSIBILITIES

[Learn more at www.sounddentalcare.com/patient-bill-of-rights](http://www.sounddentalcare.com/patient-bill-of-rights)

It is important that patients understand their rights. You have the right to...

- Be fully informed in advance about the care and service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care/treatment.
- Be informed of your financial responsibility in advance of the care or service to be provided.
- Receive information about the scope of services that will be provided and the specific limitations on those services.
- Communicate with Sound Dental Care and your care community regarding your treatment plan.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Have your property and person treated with respect, consideration, and recognition of your dignity and individuality.
- Be able to identify visiting Sound Dental Care staff and associates through proper identification.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of your property.
- Voice grievances/complaints regarding your care or a lack of respect for your property. You have the right to recommend changes in policy, personnel, or your care without restraint, interference, coercion, discrimination, or reprisal.
- Have grievances and complaints regarding your treatment properly investigated. Your right to have grievances and complaints investigated also applies to a failure to provide a treatment and to a lack of respect for your property.
- Expect confidentiality and privacy of the information in your patient record and Protected Health Information (PHI).
- Be advised of Sound Dental Care's policies and procedures regarding the disclosure of clinical records.
- Be informed if there is any financial connection between Sound Dental Care and a provider that Sound Dental Care refers to.
- Receive appropriate care without discrimination.
- Be fully informed of your responsibilities.
- Choose your dental provider.

As Sound Dental Care collaborates with you on your care, patients and POAs are responsible for...

- Submitting forms that are necessary to receive care and services.
- Providing accurate medical and contact information and any changes.
- Notifying your treating provider of participation in the care and services provided by Sound Dental Care.
- Notifying Sound Dental Care about any concerns about the care and services provided.

XVII. HIPAA NOTICE OF PRIVACY PRACTICES

[Learn more at www.sounddentalcare.com/hipaa-notice](http://www.sounddentalcare.com/hipaa-notice)

It is our duty to maintain the privacy and confidentiality of your protected health information (PHI). Anyone on the Sound Dental Care team can provide you with a printed or an emailed copy, or you can review the information on our website at the link above.

XVIII. EMERGENCY PLANNING CONSIDERATIONS

[Learn more at www.sounddentalcare.com/emergency-planning](http://www.sounddentalcare.com/emergency-planning)

Sound Dental Care maintains an Emergency Preparedness Plan to keep our patients and staff safe. We feel it is important to help our patients plan their actions should an emergency occur. Anyone on the Sound Dental Care team can provide you with a printed copy or an emailed copy, or you can review the information on our website at the link above.

XIX. PATIENT SATISFACTION SURVEYS

[Learn more at www.sounddentalcare.com/survey](http://www.sounddentalcare.com/survey)

It is our desire to provide you with a 5-star level of service. In order to help us maintain our high standards, we encourage our patients, POAs, and guardians to periodically tell us how we are doing by completing a Patient Satisfaction Survey. We can provide you with a printed survey or you can complete one on our website at the link above. We will remind you about this opportunity on our invoices and care reports. Please note that we do not use surveys for marketing purposes and your responses are not released to the public. Surveys help us understand if an appointment went particularly well or if you have suggestions for improvement. If you have a grievance or complaint, please review the information in Section XIII.

XX. GRIEVANCE OR COMPLAINT PROCEDURE

[Learn more at www.sounddentalcare.com/feedback](http://www.sounddentalcare.com/feedback)

A patient or caregiver may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance, please call (206) 745-3808 to discuss your concern. Sometimes a short call is the best remedy to a misunderstanding. If your complaint is not resolved to your satisfaction within 5 working days, you may initiate a formal grievance, in writing and mail it to our practice. If you wish to initiate the formal process online, please complete the form on our website at the link above. You also have the option of calling the Accreditation Commission for Health Care (ACHC) at (919) 785-1214 or contacting the Washington State Department of Health at the following link:

<https://doh.wa.gov/licenses-permits-and-certificates/complaint-and-disciplinary-process>