

1st Impressions Dental and Denture

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INFORMED CONSENT

Agreement to pay for Noncovered Services or Item (For fee-for-service clients)

This form must be completed in full before providing any Noncovered service or item to Medical Assistance client.

CLIENT NAME: _____

ID NUMBER/PIC: _____

- ✓ I understand that the specific services listed below are not covered by my medical assistance program and are not include as part of another service, or have been determined by MAA to not be medically necessary.
- ✓ I choose to receive these specific services.
- ✓ I agree to pay for these specific services.

SPECIFIC SERVICES CLIENT AGREES TO RECEIVE AND PAY FOR:

1. \$50 for less than 48 hours advanced notice for appointment Cancellation, Rescheduling, or No Show in according to 1st Impression Dental & Denture Office Policies. Failure to contact us for cancellation may result in the lost of the privilege to schedule future appointments or dismissal from the office.
2. Medical Assistant Program only covers for ADULT cleaning/exam/x-rays once every 12 months (child cleaning/exam/x-rays once every 6 months), if patient visits another office within the 12 months (6 months for child) and fails to note in DENTAL INFO section of the patient WELCOME form, patient will be charged for services accordingly to the UCR fees if services are not cover by Medical Assistant Program.
3. Others as noted below:

This agreement is void and unenforceable, and I am under no obligation to pay the provider if my medical program covers the services listed above of if the provider fails to satisfy DSHS conditions or payment as described under WAC 388-502-0160.

I READ AND UNDERSTAND THIS FORM AND ALL MY QUESTIONS WERE ANSWERED TO MY SATISFACTION.

SIGNATURE OF CLIENT/PARENT/GUARDIAN/REPRESENTATIVE Date _____

SIGNATURE OF PROVIDER **PROVIDER NUMBER** Date _____

Note to providers: The services or items above must be specific in nature. Document steps taken to assure that the client fully understand this form and that the form has been interpreted and/or translated as necessary. For Health Options managed care clients, see WAC 388-538-0951.