

New Patient Consent Form (Align Senior Care Members)

Enable Dental is partnering with **Align Senior Care** to provide on-site dental care in the comfort of Align Senior Care members' community or personal residence.

Align Senior Care members are eligible for preventative services covered at 100% two times per year! Preventative services include: dental exam, x-ray, cleaning (prophylaxis), and house call fees at \$0 copay.

Enable Dental provides a full-suite of services including dental exams, low dose x-rays, cleanings (prophylaxis), fluoride treatments, fillings, extractions, crowns, partials, dentures, and much more.

THE FIRST VISIT AND WHAT TO EXPECT

A new patient will receive an initial comprehensive dental exam with an oral cancer screening, x-rays, and cleaning (prophylaxis). A visit summary will be provided after the appointment, which includes treatment recommendations (if applicable) from our licensed dentists.

Any treatment recommendations will be communicated and sent via email/mail to the patient or responsible party for approval prior to scheduling for follow-up treatment procedures.

PRICING

Preventative services are covered at 100% by your Align Senior Care health plan two times per year. This includes dental exams, x-rays, cleanings (prophylaxis), and house call fees.

Any recommended dental treatment outside of the covered preventative services is **not covered** by Align Senior Care health plan at this time. Treatment procedures not covered by Align Senior Care health plan include fillings, crowns, extractions, dentures, and other dental procedures. It is your full responsibility to pay for the entire cost of treatment services if you choose to move forward to complete any dental treatment with Enable Dental. However, Align Senior Care members will receive treatment procedures at a special discounted rate.

For additional information about a particular procedure or service, please reach out to info@enabledental.com or (866) 988-4504.

LEVEL OF CARE SELECTIONS AND FREQUENCY

Exams	Exams occur every 6 months unless otherwise requested.
Low Dose X-rays	Low dose x-rays are required for all new patients, no exceptions. X-rays are taken every 6 months.
Cleanings (Prophylaxis) ➔	A dental prophylaxis performed by a dentist or dental hygienist includes scaling and polishing to remove coronal plaque, calculus, and stains. We default to cleanings every 6 months if this field is left blank. <input type="radio"/> Every 6 months <input type="radio"/> No cleanings
Fluoride Opt-In ➔	____ Initial here to opt-in for fluoride treatments (\$41.25). I wish for the patient to receive fluoride treatments. I understand fluoride treatment is not covered by Align Senior Care health plan and I am responsible for the entire cost for fluoride treatments of \$41.25. Fluoride treatments are recommended by the American Dental Association and help prevent tooth decay.
Dental Emergency?	<input type="checkbox"/> Check here if the patient is having a non-life-threatening dental emergency and specify below: <input type="radio"/> Broken tooth <input type="radio"/> Broken/lost dentures <input type="radio"/> Severe pain/swelling <input type="radio"/> Other: _____

PATIENT INFORMATION The person filling out this form is the: Patient POA or Responsible Party

First Name _____ Last Name _____ Date of Birth _____

Gender: Male Female Preferred Language: English Spanish Other _____

Patient Telephone _____ Patient Email _____

The patient currently resides in a: Assisted Living Memory Care Skilled Nursing Facility

Community Name (clarify property if multi-location brand) _____

Community City & State _____ Room # _____

PRIMARY RESPONSIBLE PARTY / MEDICAL POWER OF ATTORNEY (IF APPLICABLE)

First Name _____ Last Name _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 Telephone (Home) _____ Telephone (Cell) _____
 Email _____ Relation to the Patient _____

FINANCIAL POWER OF ATTORNEY (IF APPLICABLE AND DIFFERENT FROM ABOVE)

First Name _____ Last Name _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 Telephone (Home) _____ Telephone (Cell) _____
 Email _____ Relation to the Patient _____

PATIENT MEDICAL HISTORY (CHECK IF THE PATIENT HAS OR HAS EVER HAD)

- | | | |
|--|--|--|
| <input type="checkbox"/> Allergies, hay fever, sinusitis | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Alzheimer's/Dementia | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sinus trouble |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Sickle cell anemia |
| <input type="checkbox"/> Arthritis, Rheumatism | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Slow healing wounds |
| <input type="checkbox"/> Artificial heart valves | <input type="checkbox"/> Heart valve replacement | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Artificial joints; Surgery Date: _____ | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Swelling of feet or ankles |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Herpes | <input type="checkbox"/> Thyroid problems |
| <input type="checkbox"/> Bleeding abnormally with operations
or surgery | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Blood disease, clotting disorders | <input type="checkbox"/> Any immune deficiency | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Tumor or growth on head/neck |
| <input type="checkbox"/> Chemical dependency | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Venereal disease |
| <input type="checkbox"/> Circulatory problems | <input type="checkbox"/> Mitral valve prolapse | <input type="checkbox"/> Weight loss, unexplained |
| <input type="checkbox"/> Cortisone treatments | <input type="checkbox"/> Osteoporosis | Allergies |
| <input type="checkbox"/> Cough, persistent or bloody | <input type="checkbox"/> Osteopenia | <input type="checkbox"/> Allergic to Aspirin |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Allergic to Penicillin |
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> Radiation treatments (specify if head/neck) | <input type="checkbox"/> Allergic to latex |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Respiratory disease | <input type="checkbox"/> Allergic to sulfa drugs |
| <input type="checkbox"/> Fainting or fall risk | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Allergic reaction to Novocaine, local,
or general anesthetics? |
| | <input type="checkbox"/> Scarlet fever | |

If "Yes" to any of the above, please describe: _____

Is the patient currently taking prescription blood thinners? Yes No Uncertain If "Yes", specify _____

Has the patient ever taken medications or received injections for osteoporosis (bisphosphonates)? Yes No Uncertain

Has the patient ever been prescribed pre-medication for a dental visit? Yes No

List any medications that the patient is taking: _____

List any known allergies the patient has: _____

Primary Care Physician / MD: _____ Contact Information: _____

DENTAL HISTORY

Does the patient wear dentures (complete or partials)? Yes No

Date of the last dental exam? _____

Main reason for dental visit _____

ALIGN SENIOR CARE HEALTH PLAN INFORMATION

Align Senior Care members must provide a copy of their membership card and government-issued ID to help avoid errors in billing your insurance company. You may do this by attaching copies of the membership card and ID to this consent form. Please send all documents via fax at (866) 815-3719 or email at info@enabledental.com.

Insurance Name _____ Policy Number _____
 First Name _____ Last Name _____ Date of Birth (mm/dd/yyyy) _____
 Address _____ City _____ State _____ Zip _____

FINANCIAL DISCLOSURES

- Preventative services are covered at 100% by Align Senior Care health plan two times per year.
- Treatment procedures are **NOT** covered by Align Senior Care health plan. The patient or responsible party will be responsible for the entire cost of treatment procedures. You will be required to provide written consent for any treatment and payment information (e.g. credit card or ACH) before any treatment visit is able to be scheduled.
- A 5% late fee will be applied to any outstanding balance not paid within 30 days of services being rendered.

AUTHORIZATION AND RELEASE

This dental consent may be withdrawn at any time. The patient, legal guardian, or healthcare surrogate, if any, authorizes the attending doctor and dental team from Enable Dental's affiliated dental practice to review existing medical records, examine, and provide dental care, if necessary, to the named patient. The patient, legal guardian, or health surrogate, if any, has read and fully understands the General Dental Informed Consent and HIPAA Notice of Privacy Practices. No guarantee or assurance has been made to the patient, legal guardian, or healthcare surrogate, if any, concerning the results, which may be obtained. The patient, legal guardian, or healthcare surrogate, if any, authorizes the attending doctor to provide continued care on the following schedule until dental consent is withdrawn. The patient, legal guardian, or healthcare surrogate, will be notified of any required restorative treatment, based on examination results. Enable Dental will not perform any restorative treatment without written approval from the patient/POA.

By signing below, you are acknowledging that:

- You are the patient and make full financial and medical decisions on your own behalf OR you are the Power of Attorney with full financial and medical legal decision-making capability.
- You have read and agreed to the General Dental Informed Consent. A current copy of the General Dental Informed Consent is also posted on our website for your reference.
- You give consent to both Align Senior Care and Enable Dental to share all patient health information (medical conditions and history, medication lists, responsible party information, etc) between one another, as needed.
- You consent to receiving HIPAA-compliant electronic communications, such as email and text messages regarding treatment, payment, and health care operations.
- Teledentistry: You consent to utilizing synchronous (live chat via video) and asynchronous teledentistry (not live). Asynchronous teledentistry utilizes a dental assistant or dental hygienist to collect clinical data and information in-person on behalf of a licensed dentist. This information is sent asynchronously (not live) to the licensed dentist to review and provide recommendations. The results of this exam are then communicated to the patient or responsible party. The dentist may not see the patient in-person. You may request to communicate in real-time with the dentist about these findings within 30 days of the consult.

SIGN HERE → Signature: _____ Date: _____

PRIVACY POLICY CONSENT

Purpose of Consent: You will consent to our use and disclosure of the patient's protected health information to carry out treatment payment activities, and healthcare operations.

Notice of Privacy Practices: Please read them at <https://enabledental.com/HIPAA>. You have the right to read the Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information and of other important matters about your protected health information. We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. You may obtain a copy of our Notice of Privacy Practices at any time by visiting our website, emailing info@enabledental.com, or calling (866) 988-4504. You may reach out to the Privacy Officer, Ben Tiggelaar, at ben@enabledental.com. You have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the contact person above.

SIGN HERE → Signature: _____ Date: _____

GENERAL DENTAL INFORMED CONSENT

We would like for the patient/POA to have general knowledge of dental procedures. We ask that you review the procedures listed and want you to know that we will have you sign an informed consent prior to each dental procedure.

- 1. Low Dose X-rays:** Low dose x-rays are an important tool to aid the dentist in detecting potential issues and disease not visible to the naked eye. We utilize protective shields and aprons for patient safety. Low dose x-rays are required for all new patients of record and will be taken every 6 months.
- 2. Drugs and Medication:** Antibiotics and analgesics and other medications can cause allergic reactions causing redness and swelling of tissues, pain, itching, vomiting, and/or prophyllactic shock (severe allergic reaction).
- 3. Changes in Treatment:** During treatment, it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during the examination. The presence of dental tooth decay, gum disease, or any dental infection has been shown to affect many other body parts, such as joints and the heart, so it is important to treat any dental infection as soon as possible.
- 4. Local Anesthesia:** Local anesthesia may affect your body such as dizziness, nausea, vomiting, accelerated heart rate, slow heart rate, or various allergic reactions potentially requiring hospitalization. Injury to the nerves that can result in pain, numbness, or tingling to the chin, lip, cheek, gums, or tongue may be present for weeks, monthly and rarely be permanent.
- 5. Fillings:** In some situations, more extensive restoration than originally planned may be required due to additional conditions discovered during tooth preparation. Significant changes in response to temperature may occur after tooth restoration such as temporary sensitivity or pain. If the tooth does not respond to treatment with a filling, further treatment such as root canal therapy or crown may be necessary. Fillings may require periodic replacement with additional fillings and/or crowns.
- 6. Extractions:** Alternatives will be explained to you (root canal therapy, crowns, and periodontal surgery, etc.) The removal of teeth does not always remove all the infection, if present, and it may be necessary to have further treatment. Some of the risks are pain, swelling, spread of infection, dry socket, loss of feeling in teeth, lips, tongue, and surrounding tissue that can last for an indefinite period of time (days or months), or fractured jaw. Further treatment by a specialist or even hospitalization may be needed if complications arise during or following treatment which would be your financial responsibility.
- 7. Crowns and Bridges:** Sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. You may wear temporary crowns, which may come off easily so avoid sticky food and candies. You will need to be careful to ensure that they are kept on until the permanent crowns are delivered. The final opportunity to make changes to a new crown, or bridge (including shape, fit, size, or color) must be done at the preparation appointment.
- 8. Dentures (complete and partials):** Removable prosthetic appliances include risks and possible failures. This includes gum tissue pressure, jaw ridges not providing adequate support and/or retention, excessive saliva or excessive dryness of the mouth, and general psychological, behavioral, and physical problems interfering with success. We are not responsible for failures of these types. Breakage is possible by dropping the dentures or chewing on foods that are excessively hard. Full dentures become loose when there is a change in gum tissues. Our obligation is to create a functioning, well-fitting device. Patients must wear the device consistently in order for the dentist to make appropriate and accurate adjustments. Any denture fit issues must be brought to our attention within 30 days of the final denture delivery. Adjustments after 30 days are an additional charge.
- 9. Immediate/Interim Dentures:** After the extractions and delivery of the prefabricated immediate denture, there is fast bone loss resulting in space between the dentures and gums. This leads to rapidly increasing looseness and sore spots which must be adjusted frequently. The dentist may recommend a soft or hard relined (additional charge) if the patient experiences discomfort during the healing period to improve fit.
- 10. Endodontic Treatment (Root Canal):** There is no guarantee that root canal treatment will save a tooth. Complications can occur from the treatment and occasionally metal objects are cemented in the tooth or extend through the root, which does not necessarily affect the success of the treatment. Occasionally additional surgical procedures may be necessary following root canal treatment.
- 11. Complaints:** Please contact us directly at info@enabledental.com with any complaints or issues. A manager will handle the complaint and address any issue you may have to your satisfaction. Patients in Texas can submit a formal complaint to: Texas State Board of Dental Examiners, 333 Guadalupe Tower 3, Suite 800, Austin, Texas 78701-3942 or by calling (512) 463-6400. You can also submit a formal complaint directly to Align Senior Care at: Align Senior Care Attn: Appeals and Grievances Dept. PO Box 4440, Glen Allen, VA 23058-4440 or by calling 1-844-305-3879, option 6.
- 12. Teledentistry:** If allowable in your state, you consent to utilizing synchronous (live chat via video) and asynchronous teledentistry (not live). Asynchronous teledentistry utilizes a dental assistant or dental hygienist to collect clinical data and information in-person on behalf of a licensed dentist. This information is sent asynchronously (not live) to the licensed dentist to review and provide recommendations. The results of this exam are then communicated to the patient or responsible party. The dentist may not see the patient in-person. You may request to communicate in real-time with the dentist about these findings within 30 days of the consult.
- 13. Clinical Services:** All clinical services are rendered by a dentist owned entity including but not limited to Texas Mobile Dentists Inc (Texas), Tsang Mobile Dental PLLC (Colorado), A. Nguyen Dental Corporation (California), Scuyler Kurlbaum DDS Mobile LLC (Kansas City), Nathan Suter DDS Mobile LLC (St. Louis), and Nathan Suter DDS PLLC (Washington).
- 14. COVID-19:** Our clinical teams follow all CDC, state dental board, and OSHA guidelines relating to COVID-19. Read our detailed guidelines at enabledental.com/covid-19. There exists a potential risk of exposure with any human interaction given community spread. Our protocols and procedures err on the side of caution.