BRISTOL PARK DENTAL
6 Park Place, Bristol, VT 05443 | 802.453.7700 | info@bristolparkdental.com

Medicaid Consent to Treatment
Acknowledgement of Financial Responsibility of Patient

The undersigned patient, or individual acting on behalf of the patient, agrees as follows:

Authority is granted by undersigned to Bristol Park Dental to render treatment of the patient.

I authorize Bristol Park Dental to release any information required for payment of insurance claims.

I authorize my insurance benefits to be paid directly to Bristol Park Dental, realizing that I am responsible to pay for any non-covered services.

I understand that I am responsible for all charges incurred through Bristol Park Dental. Payment or estimated co-payment is expected at the time of the undersigned patient visit. Payment arrangements can also be made by applying for a line of credit through Care Credit. (The office can assist with the application process.)

This authorization will remain in effect until terminated by you, your personal representative, or other individual(s) of legal entity authorized to do so by court order or law.

Accounts not paid in full after 90 days will be sent to a collection agency. The patient, patient's responsible party, or legal guardian will pay any collection fees associated with the collection process. You may also be responsible for up to 12% in annual interest. If your check is returned, your account will be charged a returned check fee of $30. If you choose to pay on your Care Credit card for services and a return takes place, we follow the guidelines set out by Care Credit and the refund will be placed on the Care Credit card. If the refund is less than the balance of services, please remember your original payment terms do not change.

I understand that the Adult Program is limited to $1,000 per individual per calendar year (annual cap). If an individual reaches their 21st birthday and has received dental care during the course of the year, the dental benefit already paid will be applied to the annual $1,000 adult maximum benefit. The benefit is considered exhausted if the total reimbursement is greater than or equal to $1,000, and will not begin again until the start of the new calendar year.

I acknowledge Bristol Park Dental may bill me for services that exceed my annual capped amount, but not more than the appropriate procedure code rate in the Vermont Medicaid Dental Procedure Fee Schedule, if it is a Vermont Medicaid covered service. I hereby acknowledge there are dental services that are Non-Covered by Vermont Medicaid and subject to Usual & Customary charges.

I authorize Bristol Park Dental to contact me with appointment reminders using the personal information I have provided. This includes phone calls, texts, and/or emails. I authorize my immediate family including spouse and/or dependents to schedule and/or confirm appointment(s) dates and times.

Cancellation Policy: In instances of repeated non-compliance with scheduled visits, we also reserve the right to limit care to a same day or space available basis, or require a pre-payment. Failure to show up to any scheduled visits will result in our practice dismissing you as a patient.

Print Name: _____ Date of Birth: _____

Patient/Guardian Signature: _____ Date: _____

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SERVICES NOT COVERED BY ADULT MEDICAID PROGRAM

D1330 Oral Hygiene Instructions - $47
D1351 Sealant – Per Tooth - $62
D1352 Preventive resin restoration in a moderate to high caries risk patient – permanent tooth - $118
D1516 Space Maintainer – Fixed – Bilateral, maxillary - $523
D1517 Space Maintainer – Fixed – Bilateral, mandibular - $523
D1551 Re-Cement or Re-Bond Bilateral Space Maintainer – maxillary – effective 1/1/2020 - $93
D1552 Re-Cement or Re-Bond Bilateral Space Maintainer – mandibular – effective 1/1/2020 - $93
D2740 Crown – Porcelain/Ceramic substrate - $1308
D2790 Crown – Full Cast High Noble Metal - $1328
D2980 Crown Repair, by report - $200
D3110 Direct Pulp Cap $80
D3120 Pulp Cap (Indirect; ex Final Restoration) - $80
D3450 Root Amputation – Per Root - $472
D3920 Hemisection (Including any Root Removal. Not Including Root Canal Therapy) - $433
D4210 Gingivectomy or Gingivoplasty, Four or more contiguous teeth or bounded teeth spaces per quadrant - $660
D4211 Gingivectomy or Gingivoplasty, One to three contiguous teeth or bounded teeth spaces, per quadrant - $401
D4240 Gingival Flap Procedure, Including Root Planning – Four or more contiguous teeth or bounded teeth spaces per quadrant - $885
D4241 Gingival Flap Procedure, Including Root Planing – One to three contiguous teeth or bounded teeth spaces, per quadrant - $630
D4249 Clinical Crown Lengthening-Hard Tissue - $1220
D4260 Osseous Surgery (including elevation of a full thickness flap entry and closure) - four or more teeth per quadrant - $1329
D4261 Osseous Surgery (including elevation of a full thickness flap entry and closure) - one to three teeth per quadrant 300 N 4 procedures per lifetime - $1110
D4263 Bone replacement graft- retained natural tooth - $648
D4270 Pedicle Soft Tissue Graft Procedure - $860
D4277 Free Soft Tissue Graft Procedure - $1238
D4278 Free Soft Tissue Graft Procedure - $696
D5110 Complete Denture – Maxillary - $1787
D5120 Complete Denture – Mandibular - $1787
D5130 Immediate Denture – Maxillary - $1787
D5211 Maxillary Partial Denture – Resin Base - $1303
D5212 Mandibular Partial Denture – Resin Base - $1303
D5213 Maxillary Partial Denture – Cast Framework - $1764
D5214 Mandibular Partial Denture – Cast Framework - $1764
D5225 Maxillary Partial Denture – Flexible Base - $1318
D5226 Mandibular Partial Denture – Flexible Base - $1318
D5511 Repair Broken Complete Denture Base – Mandibular - $224
D5512 Repair Broken Complete Denture Base - Maxillary - $224
D5520 Repair Missing or Broken Teeth – Complete Denture - $201
D5611 Repair Resin Denture Base – Mandibular - $237
D5612 Repair Resin Denture Base – Maxillary - $237
D5621 Repair Cast Framework, Partial Mandibular - $366

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D5622 Repair Cast Framework, Partial Maxillary - $366
D5630 Repair or Replace Broken Clasp – Partial Denture - $274
D5640 Replace Broken Teeth on Existing Partial – Per Tooth - $196
D5650 Add Tooth to Existing Partial Denture - $233
D5660 Add Clasp to Existing Partial Denture - $303
D5730 Reline Complete Upper Denture (Chair) - $351
D5731 Reline Complete Lower Denture (Chair) - $351
D5750 Reline Complete Maxillary Denture (Laboratory) - $494
D5751 Reline Complete Mandibular Denture (Laboratory) - $494
D5760 Reline Maxillary Partial Denture (Laboratory) - $491
D5761 Reline Mandibular Partial Denture (Laboratory) - $491
D5820 Interim partial denture (maxillary) - $673
D5821 Interim partial denture (mandibular) - $673
D5863 Overdenture – Complete Maxillary - $1701
D5864 Overdenture – Partial Maxillary - $1775
D5865 Overdenture – Complete Mandibular - $1701
D5866 Overdenture – Partial Mandibular - $1775
D6010 Surg Place of Implant Body – Endo Implant $2298
D6011 2nd Stage Implant Surgery - $154
D6210 Pontic – Cast High Noble Metal - $1320
D6245 Bridge Pontic, Zirconia - $1292
D6740 Bridge Abutment, Zirconia - $1290
D6790 Crown – Full Cast High Noble Metal - $1320
D6980 Bridge Repair, by report - $306
D7961 BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY) -$465
D7971 Excision of Peri-coronal Gingiva - $285
ALL ORTHODONIC SERVICES ARE NOT COVERED UNDER THE ADULT MEDICAID PROGRAM
D8660 Pre-Orthodontic Treatment Visit - $217.00
D9951 Occlusal Adjustment – Limited - $192
D9952 Occlusal Adjustment – Complete - $943
D9971 Odontoplasty per tooth - $190.30
D9972 External Bleaching – per arch, in office $253
D9974 Internal Bleaching – Per Tooth - $367
D9975 External Bleaching for Home – per arch - $263

**Other codes may not be included on the above list. Please speak with your provider/Front Desk staff regarding non-covered codes and their cost. Fees subject to change without notice.

Print Name: _____ Date of Birth: _____

Patient/Guardian Signature: _____ Date: _____