

3958 Howard Lane
Loomis, CA 95650

Leslie.RDHAP@gmail.com



Ph. (916) 765-2251
Fax (916) 245-4422

www.travelhygienist.com

Adult Prophylaxis (private pay with no insurance)-----\$250.00

Standard teeth cleaning. Includes cleaning of appliances, oral evaluation, fluoride varnish treatment, and reports for referral if needed. Must be scheduled ahead of time. If a full set of x-rays is requested at time of this appointment it is discounted to \$75, making the appointment total \$325.

A La Carte (\$75 house call fee is added to these procedures once per appointment)

4 Bitewing X-rays-----\$65.00

Individual X-rays (PA's)-----\$12.00

Full set of X-rays-----\$125.00

Comprehensive Oral Examination (includes oral cancer screening)-----\$60.00

Fluoride Varnish, (Strongly recommended to re-mineralize the teeth)-----\$60.00

Subgingival Irrigation with an Antimicrobial -----\$40.00
Helps to control high levels of bacteria and inflammation.

Denture/Partial Cleaning per appliance-----\$30.00

Emergency Palliative Treatment (weekend/evenings additional-- \$35.00)-----\$80.00

Temporary Sedative Filling-----\$50.00

Caries Arresting Medication Application per tooth-----\$25.00

A solution called Silver Diamine Fluoride is applied to a tooth surface where early decay is suspected to help stop the growth of the decay and to decrease sensitivity.

Non-Surgical Periodontal Therapy (scaling and root planning)-----*

**Estimate would be given prior to treatment.

Periodontal Maintenance (ongoing treatment after scaling / root planning) -----\$250.00

***Leslie Giovannoni, RDHAP, A Prof. Corp. can bill any recognized dental insurance carrier, and is a Denti-cal provider. For private pay patients, an invoice will be sent to the responsible party.

Fee Schedule as of July 1, 2022

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Consent for Treatment

Patient Name: _____ Sex _____

Patient Home Address: _____

City, State, Zip: _____

Birth date: _____

Name of facility where you reside: _____

Facility Address: _____

City, State, Zip: _____ Facility Phone: _____

Physician Name: _____

Physician Address: _____ City, State, Zip: _____

Physician Phone: _____ Physician Fax: _____

Name of Dental Health Insurance, if any: _____ Member ID _____

Name of Dentist _____

Dentist Address: _____ City, State, Zip: _____

Dentist Phone: _____ Dentist Fax: _____

Please describe any current or long-term medical condition or disability:

Please circle all that apply:			High Blood Pressure	Yes	No	Radiation Therapy	Yes	No
Heart Murmur	Yes	No	Mitral Valve Prolapse	Yes	No	Cerebral Palsy	Yes	No
Heart Pacemaker	Yes	No	Hip/Knee Joint Replacement	Yes	No	Multiple Sclerosis	Yes	No
Hemophilia	Yes	No	Hepatitis	Yes	No	Blindness	Yes	No
HIV Positive	Yes	No	Epilepsy or Seizures	Yes	No	Parkinson's Disease	Yes	No
Allergies	Yes	No	Dementia	Yes	No	Alzheimer's Disease	Yes	No
Stroke	Yes	No	Heart Valve Replacement	Yes	No			

Specify any allergies:

Is there any other medical condition or disability that I should be aware of? Yes No

If yes, please explain:

Please list all medications that you are currently taking: _____

Medi-Cal, Share of Cost Medi-Cal, Patient Trust accounts or private insurance coverage (such as Delta Dental) may be billed for dental hygiene treatment, and permission is granted to bill these entities. Permission is granted for third party payment directly to Leslie Giovannoni, RDHAP. All fees are ultimately the responsibility of the "Responsible Party."

Type of billing (please check)

Medi-Cal ID No. _____ Private Funds _____

Date of Issue of Medi-Cal card: _____ Dental Insurance (see page 2) _____

Consent for Treatment

(continued)

Patient name: _____ Facility Name: _____

Name of Dental Insurance: _____

Group Name: _____ Group # _____

Send Claims to (Address): _____

Name of Insured: _____ Relationship to Patient _____

Birth Date of Insured _____ Dental Insurance Phone Number _____

All information regarding dental insurance information is necessary. If information is not complete, treatment may be delayed or you may be billed directly.

In accordance with the Privacy Regulations created by the Health Portability and Accountability Act of 1996 (HIPAA), we are required to maintain the confidentiality of your health information. We realize that these laws are complicated, but we must provide you with the following important information that describes how we may use and disclose your protected health information to carry out your treatment, to collect for payment of dental health care, and for other purposes that are permitted or required bylaw.

We will use and disclose your protected health information to provide, coordinate, or manage your dental care and any related services. For example, your health/dental information may be provided to a dentist or a physician to whom you have been referred to ensure that the dentist or doctor has the necessary information to diagnose or treat a condition. In addition, we may disclose your protected health information periodically to another dentist, physician or health care provider who becomes involved in your care.

We may use and disclose dental information about you in order to obtain payment for services rendered. Such disclosures may be made to you, an insurance company, responsible party or third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Name of Responsible Party: _____
Your name or the name of the person responsible for you. Please Print

Phone Number _____ Email _____

Mailing/Billing Address _____ Fax _____

City, State, Zip: _____ Relationship to Patient _____

By signing below, you are consenting to dental hygiene services provided by Leslie Giovannoni or, with prior notice, another RDHAP of Leslie Giovannoni, RDHAP, and agree that you or your responsible party will be responsible for all payments. You also agree that Leslie Giovannoni, RDHAP may review your medical records, and that a photo may be taken of you for the files.

Signature of patient *Date* *Signature of responsible party* *Date*

Signature of Power of Attorney for Health Care _____ Date: _____

Leslie Giovannoni, RDHAP



I love people and I love the dental profession! I have had the pleasure of working in this field for all of my adult life. I started right out of high school as a dental assistant in 1990. Shortly after in 1992, I obtained my first official California license as a Registered Dental Assistant. In 1997, I graduated from West Los Angeles College of Dental Hygiene and received my license as a Registered Dental Hygienist. I completed advanced training in 2014 to become a Registered Dental Hygienist in Alternative Practice (RDHAP), which allows me to work independently and travel to my patients through the use of a mobile practice. I have over 30 years' experience in the dental field as well as training in the most current and effective techniques used today.

I am a true believer that everyone deserves appropriate dental care and I am dedicated to help bridge the gap for those who deal with an inability to reach a traditional dental facility.

Leslie Giovannoni, RDHAP

Registered Dental Hygienist

916-765-2251
