

Child's Name: \_\_\_\_\_

Teacher/Room# \_\_\_\_\_

School: MOUNTAINSIDE MIDDLE SCHOOL

Toothsavers Visit Dates: DECEMBER 13

Return Form to School by: OCTOBER 1

Please return to  
Mountainside Office

Medicaid pays 100%



# Toothsavers Oral Health Program Consent Form

## What is Toothsavers?

Toothsavers offers pain free, high quality preventive oral health services to children at their school, during school hours.

This means:

- Better overall health for your child - what happens in their mouth impacts their body
- Parents miss less time from work and kids less missed school

We Offer:

**Dental sealants:** a tooth colored protective shield placed on teeth in the back of the mouth where kids get cavities most often.

**Fluoride varnish:** a tooth strengthening gel brushed onto teeth to add a layer of protection against cavities.

## Would you like your child to receive services from Toothsavers?

Yes     No (May we ask why?) \_\_\_\_\_

### If yes, please fill out the following information:

Student Name: [First] \_\_\_\_\_ [MI] \_\_\_\_\_ [Last] \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Male/Female

Race (Please check all that apply):  White  Black/African American  Asian  American Indian/Alaska Native

Hispanic  Native Hawaiian/Pacific Islander  Other

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

## How would you like to pay?

**DHS / Medicaid** - If so, write the 9-digit number on your card ending in WA here:

**Private Insurance** - If so, include a copy of the front and back of your insurance card

Primary insurance subscriber's (typically a parent) birthdate: / /

**Check or Cash** - You will receive a bill

**Credit Card** - you will receive a bill. You may visit [www.toothsaversofwashington.com](http://www.toothsaversofwashington.com) to pay online or call

Consent

Health

### Does your child have any of the following conditions?

\_\_\_\_ Seizures \_\_\_\_ Heart Murmur \_\_\_\_ Blood Disorder

\_\_\_\_ Heart Problems \_\_\_\_ Hepatitis \_\_\_\_ Diabetes \_\_\_\_ Shell Fish Allergy

\_\_\_\_ Asthma \_\_\_\_ Iodine Allergy \_\_\_\_ Tuberculosis \_\_\_\_ Silver Allergy

Other allergies or medical conditions: \_\_\_\_\_

Turn Page

**Does your child have a dentist?**

**Yes.** Name of dentist \_\_\_\_\_

**No.**

Would you like a referral?

**YES / NO**

Last dental visit:  Less than 6 months ago

Less than 1 year ago

More than a year ago

Never

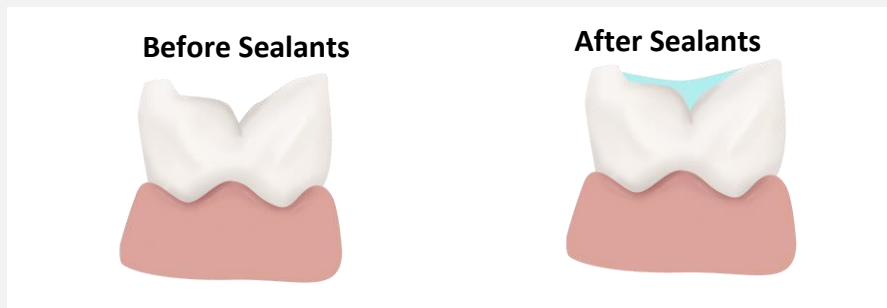
**• What if my child already has a dentist?**

That's great! Our services should not replace regular dental visits. If your child does not have a regular dentist, we will work to refer you to one.

**• Does insurance cover these services?**

Yes. We accept Apple Health/Medicaid (which covers 100% of our fees) and private insurance. We offer reduced cost fees if you don't have insurance.

**We never turn away a child if unable to pay.**



**What's the cost\*?**

- **Apple Health/Medicaid - \$0**
- Visual Oral Screenings \$10
- Fluoride varnish \$12
- Dental sealants \$20 each (usually 4 molars at 6 years and 4 molars at 12 years)

**\*\*Bills never exceed \$100 no matter how many services are given!\*\***

*No child is turned away due to inability to pay. If child doesn't have billable insurance and family is able to pay, the minimum cost of a visit is \$10, the maximum cost is \$100. Tothsavers will work with families to come up with a payment plan if needed.*

**More questions?**

Visit [www.tothsaversofwashington.com](http://www.tothsaversofwashington.com)

Call (509) 676-6060

The Health Insurance Portability and Accountability Act 1996 (HIPAA) requires all health care records be kept confidential. Tooth Savers of Washington LLC adheres to all HIPAA standards and will provide Notice of Privacy Practices upon request. By signing this document, you give permission to communicate with school staff and referral dental offices regarding dental needs.