

Child Name: _____
 Grade _____
 Rm # or Teacher _____
 Cohort group /Hybrid days (if applies): _____
 School: North Pines Middle School
 *Please return form to your child's school ASAP

Medicaid pays 100%



Toothsavers Oral Health Program

What is Toothsavers?

Toothsavers is a mobile oral health program offering safe & pain free preventive dental services in Washington schools, during school hours.

Tooth decay is the #1 chronic illness among children. If untreated, cavities can lead to other infections and illnesses.

The CDC (Center for Disease Control) reports dental sealants reduce tooth decay by 80%.

Toothsavers offers:

Oral Health Screening: a visual screening to check the health of the teeth/mouth and detect any dental issues or emergencies.

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.

Silver Diamine Fluoride: A non-invasive, safe liquid that when placed on early cavities can stop the decay process and possibly avoid the need for a dental filling. Please visit www.toothsaversofwashington.com or www.ebd.ada.org for more information.

Would you like to enroll your child in the Toothsavers program?

Yes No (May we ask why not?) _____

If yes, please fill out the following information:

Student Name: [First] _____ [MI] _____ [Last] _____

Birth Date ____/____/____ Male / Female

Race (Please check all that apply for equity purposes): White Black/African American Asian American

Indian/Alaska Native Hispanic Native Hawaiian/Pacific Islander Other

Phone: (____) _____ May we send text reminders? Yes No

Address: _____

Zip Code: _____

Email: _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____ Date: _____

*This form serves as informed consent for services. Upon enrollment, your child will be seen two times per year in their school (fall & spring). You may opt out of the Toothsavers program at any time by providing written notice. A health and information update will be required yearly.

Insurance or Payment

Medicaid/Apple Health - Write the 9-digit number on your card ending in WA here: _____

Private Insurance – No Co-pay required. Attach a copy of the front and back of your insurance card.

Policyholder's name (typically a parent) _____ Policyholder's Birthdate ____/____/____

Policyholder's SS# ____ - ____ - ____ (all information will be kept private)

Credit Card –* Your cash fee charges will never exceed \$100 *

Credit card # _____ Exp date _____ 3 digit CVV code _____

You will receive a texted or emailed receipt. *Low cost fee amounts listed on reverse side*

Does your child have any of the following conditions?

Seizures ____ Heart Murmur ____ Heart Problems ____ Hepatitis or HIV ____

Diabetes ____ Asthma ____ Silver Allergy ____ Autism or spectrum ____

Sensory Disorder ____ Behavioral disorder ____ Other _____

Other allergies or health concerns we should be aware of: _____

Consent

Turn Page

Does your child have a dentist?

Yes. Name of dentist _____

No.

Would you like a referral?

YES / NO

*Dentistlink will call you to help connect you with a dental provider in your area.

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Toothsavers uses every precaution necessary to protect your child. We follow strict disinfection protocol and CDC infection control guidelines.

- Only one child will be allowed in the treatment area at a time.
- All dental providers follow strict sanitizing protocols.
- All dental providers use proper PPE to include: latex-free gloves, level 3 masks, face shields, lab coats and head coverings.
- Only new, sterile, or individually wrapped disposable supplies are used.
- Hospital grade disinfectant wipes and spray used on all equipment or touch areas between children.
- Operation of a portable HEPA air purifier unit in the clinic area.
- Only air and water will be used, no other aerosol producing dental procedures will be completed.
- All toothbrushes and prizes given will be individually wrapped or packaged.

- **What if my child already has a dentist?**
That's great! Your child can still see Toothsavers! Our services are billed separate from dentist office visits. They should not replace regular dental visits, however. If your child does not have a regular dentist, we will work to refer you to one.
- **Does insurance cover these services?**
Yes. We bill Apple Health/Medicaid (which covers 100% of our fees) and private insurance. We also offer reduced cost fees if you do not have insurance.

What's the cost to me?

- **Apple Health/Medicaid – NO COST**
- **Private Insurance- NO COST OR CO-PAY**
- **Cash Fees-**
 - Visual Oral Screenings \$10
 - Fluoride varnish \$12
 - Dental sealants \$20 each (usually 4 molars at 6 years old and 4 molars at 12 years old)
 - Silver Diamine \$5 per tooth (maximum of 4 teeth at a time)

Before Sealants

After Sealants



****Your cash fee bill will never exceed \$100 no matter how many services are completed!****

Toothsavers will work with families to come up with a payment plan or if unable to pay. Call (509) 676-6060 to make arrangements.

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. I understand any signs of COVID-19 symptoms will be reported to the school for safety purposes.

Toothsavers of Washington | (509) 676-6060 | Amber Juliano, RDH BS | www.toothsaversofwashington.com

More questions?

Visit www.toothsaversofwashington.com

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