

Child Name: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Grade \_\_\_\_\_  
 Rm # or Teacher \_\_\_\_\_

**Medicaid pays 100%**



\*Fill out & return to your child's school for them to participate

# Toothsavers Oral Health Program

## What is Toothsavers?

Toothsavers is a mobile oral health program offering safe & pain free preventive dental services in Washington state 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 up to 80%.*

### Toothsavers offers

**Oral Health Screenings:** 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.

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

**Silver Diamine Fluoride:** non-invasive liquid that when placed on early cavities can stop the decay process, strengthen the tooth and possibly avoid the need for invasive treatments like a filling or crown. Please see reverse side for more info.

Consent

### Please fill out the following:

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

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

Race: (Please check 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

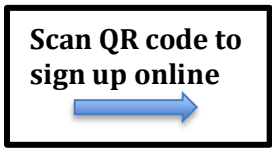
Address: \_\_\_\_\_

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

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

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

Parent/Guardian Print Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



\*\*This form serves as informed consent. By filling out & signing this form you consent for Toothsavers providers to perform the preventive dental services listed above for your child at their school. There will be two visits per year; one in the fall & another in the spring. You may opt out at anytime by providing written or emailed notice to [info@toothsaversofwashington.com](mailto:info@toothsaversofwashington.com).

Insurance

**Medicaid/Apple Health (No Cost to you)** –List your child's 9 digit Provider One number ending in WA: \_\_\_\_\_

**Private Insurance** – No Co-pay required. **Attach a copy of the front and back of your insurance card or email to [info@toothsaversofwashington.com](mailto:info@toothsaversofwashington.com).**

Name of DENTAL insurance provider (not medical) \_\_\_\_\_

Policyholder's name (typically a parent) \_\_\_\_\_ Policyholder's Birthdate \_\_\_/\_\_\_/\_\_\_

\*We will call if more info is needed.

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

CC# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp date \_\_\_/\_\_\_ CVV code \_\_\_\_\_

or contact Toothsavers before the clinic date to provide your credit card information. Call (509) 676-6060 or email info securely to [info@toothsaversofwashington.com](mailto:info@toothsaversofwashington.com). All INFORMATION IS KEPT PRIVATE.

**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 \_\_\_\_\_

Allergies or other health concerns we should be aware of: \_\_\_\_\_

**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 connect you with a dental provider in your area.

### Toothsavers USES EVERY PRECAUTION TO KEEP YOUR CHILD SAFE.

- All providers are experienced, registered dental hygienists in the state of Washington.
- All providers follow strict hand washing and sanitizing protocols and use proper PPE (Personal Protective Equipment)
- Hospital grade disinfectant wipes and spray used on all equipment & touch areas.
- No aerosol producing dental equipment is used.
- Toothbrushes and prizes given are individually wrapped & 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 routine dental visits, however. If your child does not have a dentist, we will work with Dentistlink to refer you to one.

- Does insurance cover these services?

**Yes.** Apple Health/Medicaid/ Molina pays 100% of our fees. We also accept Delta Dental of WA, Metlife, Lincoln, and others. Please call to verify which private insurance we can bill. We offer reduced fees and accept credit card payments 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



Scan QR code to sign up online



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

### Silver Diamine Fluoride: an amazing alternative treatment available!

**Benefits:** SDF can stop cavities from getting worse. It may prevent the need for invasive treatments like fillings or crowns. It also relieves tooth sensitivity. It is fast, easy, and painless.

**Alternative Treatments:** Please see your dentist for restorative treatment options or visit

[SDF-Patient-Fact-Sheet-FINAL.pdf \(centerforevidencebasedpolicy.org\)](#)

**Risks:** Temporary white or brown stains on teeth or gums, if a cavity is indeed present on the tooth. If there is no change in dental habits such as reduction in sugary diet and good oral hygiene daily are not practiced dental decay will likely continue.

Toothsavers providers brush SDF on the tooth and then cover with a glass ionomer sealant. Less staining will be visible. For color image visit [www.toothsaversofwashington.com](http://www.toothsaversofwashington.com)



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](http://www.toothsaversofwashington.com)

**More questions?**

Visit [www.toothsaversofwashington.com](http://www.toothsaversofwashington.com) OR call (509) 676-6060

Safety

FAQ