

Student Name \_\_\_\_\_

Teacher/ Grade \_\_\_\_\_

Cohort or Group \_\_\_\_\_ ( A or B) if applies.

School: \_\_\_\_\_

Turn this form into your child's school.

Medicaid pays 100%



# Toothsavers Oral Health

## What is Toothsavers?

Toothsavers offers 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 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 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.ebd.ada.org](http://www.ebd.ada.org) for more information.

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

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):  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: \_\_\_\_\_

Consent

## How would you like to pay?

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

**Private Insurance** – DENTAL insurance carrier \_\_\_\_\_ Member Id # \_\_\_\_\_

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

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

**Credit Card** –\* Your 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 \_\_\_\_ Blood Disorder \_\_\_\_ Heart Problems \_\_\_\_

Hepatitis \_\_\_\_ Diabetes \_\_\_\_ Asthma \_\_\_\_ Iodine Allergy \_\_\_\_ Tuberculosis \_\_\_\_

Silver Allergy \_\_\_\_ Other allergies or health

conditions: \_\_\_\_\_

\*\*SEE REVERSE SIDE FOR COVID-19 PRECAUTIONS UPDATE\*\*

Turn Page

Does your child have a dentist? [ ] No.

[ ] Yes. Name of dentist \_\_\_\_\_

Would you like a referral?

[ YES / NO ]

You will receive a call from DentistLink who will help you find a dental office in your area.

Medicaid pays 100%

COVID-19

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

- Only one child will be allowed in the clinic area at a time.
- All dental providers follow strict hand washing and 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.

Please call (509) 676-6060 or visit [www.toothsaversofwashington.com](http://www.toothsaversofwashington.com) for more info

FAQ

- **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 also offer reduced cost fees if you don't have insurance.

Cost

**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 Fluoride (to treat early suspected cavities on a tooth) \$5 per tooth (max of 4 teeth)

**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 if needed. Just call (509) 676-6060 to make

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)

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