

Child Name: _____

School: _____

Grade _____

Rm # or Teacher _____

Medicaid pays 100%



*Please fill out & return form to your child's school ASAP

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 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.toothsaversofwashington.com or www.ebd.ada.org for more information.

Please fill out the following information:

Student 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 Name: _____ Date: _____

Consent

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

How would you like to pay?

Medicaid/Apple Health – Write your child's Provider One number 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-we cannot bill insurance without it)

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

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

Low- cost fees 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 _____

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.

Medicaid pays 100%

COVID-19

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

- Only one child allowed in the treatment 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.
- New individually wrapped, disposable supplies are used.
- Hospital grade disinfectant wipes and spray used on all equipment & touch areas.
- HEPA air purifier units used in clinic area.
- 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 to refer you to one.

• **Does insurance cover these services?**

Yes. We accept Apple Health/Medicaid (which covers 100% of our fees) Delta Dental of WA and other private insurance. 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



****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

Call (509) 676-6060

Cost