



TOOTHSAVERS IN-SCHOOL DENTAL CARE

MEDICAID PAYS 100%

Sign Up Online!
www.MySchoolDentist.com

Scan the code with your phone.



SIGN AND RETURN TO YOUR SCHOOL TODAY!

ToothSavers is a mobile oral health program that provides safe and painless preventive dental services in Washington State schools during school hours. Tooth decay is the #1 chronic disease among children. If left untreated, cavities can lead to other infections and diseases. The CDC (Centers for Disease Control and Prevention) reports that 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 problems or emergencies.

Dental sealants: A protective tooth-colored shield that is placed on teeth in the back of the mouth, where children most often get cavities.

Fluoride varnish: A dental strengthening gel that is applied to the teeth to add a layer of protection against cavities.

Silver diamine fluoride (SDF): A non-invasive liquid that, when placed over suspicious cavities, can stop the decay process, strengthen the tooth, and may prevent the need for invasive treatments such as a filling or crown.

PLEASE COMPLETE

Child's Legal Name		Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address		City	State Zip
School		Teacher	
Parent/Guardian Name		Phone ()	
Email		Alt Phone ()	

IMPORTANT HEALTH QUESTION

DOES YOUR CHILD HAVE ANY THE FOLLOWING CONDITIONS? PLEASE CHECK EACH CONDITION THAT APPLIES. IF NO CONDITIONS APPLY, LEAVE BLANK.

- | | | | | |
|--|--|---------------------------------------|---|---|
| <input type="checkbox"/> Allergy to silver | <input type="checkbox"/> Autism spectrum | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Behavioral disorder | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Hepatitis or HIV | <input type="checkbox"/> Sensory disorder |
| <input type="checkbox"/> Other _____ Explain _____ | | | | |

Allergies or other health problems we should be aware of: _____

IF YOUR CHILD HAS MEDICAID/CHIP (APPLE HEALTH)

Enter their **ProviderOne** number ending in WA here: → **W** **A**

OR Child's Social Security # (if available) - -

PRIVATE DENTAL INSURANCE

Ins. Company Name (not Medicaid)	Ins. Phone () -
Group #	Co. Phone () -
Insured Adult Name	Insured Adult Birthdate / /
Member ID/Policy #	Insured Adult SS # - -

IF CHILD HAS NO DENTAL INSURANCE

If paying for services, staple check or money order to this form & make payable to: **Michael LaCorte Dentistry, PC**. To pay by credit card, call 855-481-8639.

I will pay the fee for: Visual Screening-\$14, Fluoride Varnish-\$34, Dental Sealant-\$32 per tooth, Silver Diamine Fluoride-\$5 per tooth.

READ & SIGN BELOW

This form serves as informed consent. By completing and signing this form, you consent to ToothSavers providers rendering the oral health services listed above for your child at their school. Permission includes initial dental care & follow-up visits. You may opt-out at any time by providing written notice. Do NOT fill out form unless you want your child to be seen by ToothSavers.

SIGN & DATE HERE → _____

DATE

For your privacy, please fold & secure.

QUESTIONS: 855-481-8639 FAX: 888-330-4331 Visit us at: ToothSavers.org

Michael LaCorte Dentistry, PC
 600 Stewart Street, Suite 400, Seattle, WA 98101
 © Michael LaCorte Dentistry, PC, 2024

ESPAÑOL AL REVERSO



3747

WA-TS-HYG-024V2 00/00



FAQ

Q. What if my child already has a dentist?

A. That's great! Your child can also see ToothSavers. Our visual screenings do not interfere with dental exams. However, ToothSavers is not a substitute for routine dental visits. If your child does not have a dentist, visit DentistLink.org or call them at 844-888-5465.

Q. Does insurance cover these services?

A. Yes. Apple Health/Medicaid/Molina pays 100% of our fees. We also accept Delta Dental of WA, Metlife, Lincoln, and others. Please call to see what private insurance we can bill. We offer reduced rates and accept credit card payments if you don't have insurance.

Q. What is the cost to me?

A. **Apple Health/Medicaid – NO COST**

Private Insurance – NO COST or CO-PAYMENT

Cash Fees: Visual Screening-\$14, Fluoride Varnish-\$34, Dental Sealant-\$32 per tooth, Silver Diamine Fluoride-\$5 per tooth.

SILVER DIAMINE FLUORIDE (SDF)

A new dental treatment to fight cavities

BENEFITS OF SDF: Dental cavities are common in children, but now we have a safe, painless alternative to traditional cavity drilling procedures called silver diamine fluoride (SDF). SDF is an FDA-approved antibiotic liquid used to help prevent cavities from forming, growing, or spreading to other teeth. The dental hygienist simply brushes SDF on back teeth only.

Alternatives

- No treatment: The tooth may continue to decay and cause pain.
- Other options: fluoride varnish, a filling or crown, or extraction of the tooth.

Risks

- SDF treatment may not eliminate the need for a traditional filling.
- It's normal for SDF to stain the cavity brown or black—it means it's working.
- The healthy parts of the tooth will not be stained.
- SDF can cause temporary staining if it comes into contact with skin. The stain is harmless and should disappear in less than a week.
- SDF may cause a temporary metallic taste.



Cavity



SDF applied



Questions? Call one of our care coordinators at 855-481-8639.

SAFETY

ToothSavers takes every precaution to keep your child safe.

- All providers are experienced, registered dental hygienists in Washington State.
- All providers follow strict handwashing and sanitizing protocols and use appropriate PPE (personal protective equipment).
- Hospital-grade disinfectant wipes and spray are used on all equipment and contact areas.
- Dental equipment producing aerosols are not used.
- Toothbrushes are individually packaged.

The Health Insurance Portability and Accountability Act 1996 (HIPAA) requires that all health care records be kept confidential. ToothSavers adheres to all HIPAA standards and will provide a Notice of Privacy Practices upon request. By signing this document, you give permission to communicate with school staff, health districts, ToothSaver community partners, and referring dental offices regarding dental needs. I understand that any signs of COVID-19 symptoms will be reported to the school for safety purposes.

ToothSavers | 855-481-8639 | ToothSavers.org