

School:
Date of Tothsavers Visits:
RETURN FORM TO SCHOOL BY:

Toothsavers of Washington
Access Oral Health LLC



Toothsavers Oral Health Program Consent Form

What is Toothsavers?

Toothsavers offers pain free, high quality preventive oral health services to children in Washington schools, during school hours.

This means:

- Better overall health for your child - what happens in their mouth impacts their body
- Parents miss less time from work

We offer oral evaluations, oral health education, and the following preventive services:

- **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.

Would you like your child to receive services from Toothsavers?

☒ Yes ☐ No (May we ask why?) _____

If yes, please fill out the following information:

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

Birth Date _____ / _____ / _____ Male/Female Child's Teacher or Room# _____

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: _____

How would you like to pay?

☐ **DHSH / Medicaid** - If so, write the 9-digit number on your card ending in WA here:

☐ **Private Insurance** - If so, include a copy of the front and back of your insurance card and write the subscriber's birthdate below.

Primary subscriber's (typically a parent) birthdate: / /

☐ **Check or Cash** - You will receive a bill

☐ **Credit Card** - you will receive a bill. You may visit www.toothsaversofwashington.com to pay online or call (509)676-6060 to pay your bill. **Your bill will never exceed \$100.**

History

Does your child have any of the following conditions?

☐ Seizures ☐ Heart Murmur ☐ Blood Disorder
☐ Heart Problems ☐ Hepatitis ☐ Diabetes ☐ Shell Fish Allergy ☐ Asthma
☐ Iodine Allergy ☐ Tuberculosis ☐ Silver Allergy
☐ Other allergies or medical conditions: _____

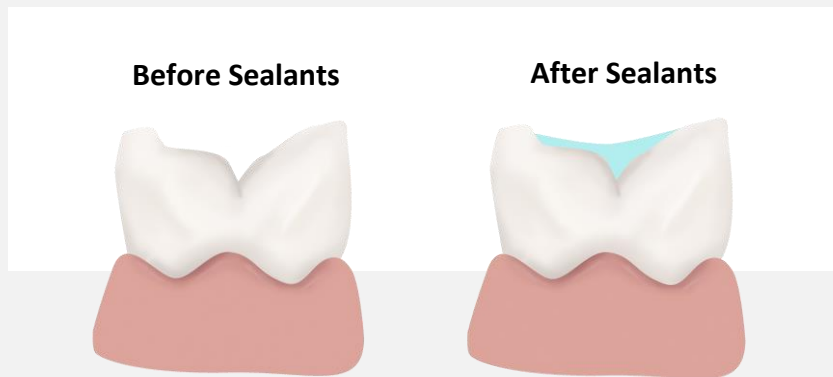
Does your child have a dentist?

☐ **Yes.** Name of dentist _____
 Last dental visit: ☐ Less than 6 months ago,
☐ Less than 1 year ago,
☐ More than a year ago,
☐ Never

☐ **No.**
 Would you like a referral?
[YES / NO]

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 offer reduced cost fees if you don't have insurance. **We never turn away a child if unable to pay.**



Cost

What's the cost*?

- **Apple Health/Medicaid - \$0**
- Visual Oral Screenings \$10
- Fluoride varnish \$12
- Dental sealants \$20 each (usually 4 molars at 6 years and 4 molars at 12 years) Bills never exceed \$100 no matter how many services are given!

No child is turned away due to inability to pay. If child doesn't have billable insurance and family is able to pay, the minimum cost of a visit is \$10, the maximum cost is \$100. Toothsavers will work with families to come up with a payment plan if needed.

More questions?

Visit www.toothsaversofwashington.com

Call (509) 676-6060

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.

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