Smile Pennsylvania
...the mobile dentists

THE DENTIST IS COMING TO SCHOOL AT NO COST* TO YOU!

Taking care of your child's teeth is important to keep them healthy.

Please complete, sign & return to your teacher in 2 days
Includes initial dental care & follow-up visits!

1. ABOUT YOUR CHILD

If your child already sees a dentist regularly, continue to go to that dentist.

School or Program Name_____ County_____

Teacher_____ Room #_____ Grade_____ AM/PM

Child's Legal Name_____ Child's Date of Birth_____ Male/Female (circle one)

Child's Social Security Number _____ _____ _____ - _____ _____ - _____ _____ _____ _____

Parent/Guardian Name_____
(PRINT CLEARLY & SIGN BELOW)

Address_____ City/Zip_____

Email_____ Phone ( )_____ Alt. Phone ( ) _____

2. INSURANCE INFORMATION

MEDICAID & PA CHIP COVER 100% OF TREATMENT

☐ **CHILD HAS MEDICAID/PA CHIP**

Circle one of the following: Medicaid, Gateway, United Healthcare, Keystone First, AmeriHealth Caritas, UPMC, HealthPartners, Geisinger CHIP, Aetna, United Concordia CHIP, Coventry Cares, Kidz Partners, Blue Cross CHIP Other:_____

Enter Child's Recipient ID Number (RIN) HERE: → _____

*If your child is insured by Medicaid or PA CHIP.

☐ CHILD HAS PRIVATE DENTAL INSURANCE

Ins. Company name (other than Medicaid)_____ Ins. Phone_____

Group #_____ Employer name_____ Co. phone_____

Name of Insured Adult_____ **BIRTH DATE of Insured Adult** _____

Member ID/Policy #_____ Social Security # of insured adult_____

FOLD — FOLD

☐ CHILD HAS NO DENTAL INSURANCE If paying for services, please make check or money order payable to Smile Pennsylvania & staple to this form.

☐ I am able to pay the full fee for a dental cleaning, screening & fluoride per visit. Ages 11 or younger: **$137.00** Ages 12 or older: **$146.00**

☐ I certify that I need to pay for a subsidized service because I am unable to pay the full fee. It will cover dental cleaning, screening & fluoride per visit. Ages 11 or younger: **$49.00** Ages 12 or older: **$55.00**

☐ I certify that I am unable to pay the full or subsidized fee and request full financial assistance, which will cover dental cleaning, screening & fluoride (donated care unavailable for restorative treatment). We will send you a donated care application. Donated care available only once per school year.

3. CHILD'S MEDICAL HISTORY

CHECK EACH CONDITION THAT APPLIES TO YOUR CHILD

☐ Recent Dental Problems
☐ Asthma or Wheezing
☐ Behavioral Problems
☐ Communicable Diseases/TB
☐ Rheumatic Fever
☐ Diabetes
☐ Hemophilia/Bleeding Problems
☐ Sickle Cell Anemia
☐ Fainting /Epilepsy/Seizures
☐ Liver Problems/Hepatitis
☐ Kidney Problems
☐ HIV/AIDS
☐ Cancer
☐ Heart Problems - Describe _____

Notify us of any medical history changes.

List allergies (including allergies to medications) _____

Name/phone # of child's physician_____

_____

Use space below to provide additional details on your child's health, including current medical treatment, other significant past illnesses, alcohol & tobacco use (including smokeless). List current medications. Attach another page as needed._____

_____

Approx. date of last dental visit. _____

☐ **CHECK IF ANTIBIOTIC PRE-MEDICATION REQUIRED FOR DENTAL TREATMENT**

4. READ AND SIGN BELOW

I request that the dentist perform a dental check-up on my child at school which includes exam, cleaning, fluoride, sealants and x-rays as needed, as well as other dental work as needed, including fillings, extractions of infected baby teeth, numbing the mouth and teeth and other procedures as described more fully on the back of this page. This permission includes future dental visits. I have read the IMPORTANT NOTICE AND CONSENT ON THE BACK OF THIS PAGE and understand and agree to its terms.

OFFICE USE ONLY		
1st	6 mo	
		exam, prophy, fluoride
		exam. prophy
		(4)bwx or (2)bwx
		PA films for diagnosis
		seal (M)molars (MB)molars & bicuspids
		(✓) csf or (so)screen only

SIGN & DATE HERE _____ _____
DATE

PA-COMPR-008-V3 2/15

QUESTIONS:1-888-833-8441 Fax:1-888-330-4331 Visit us at: mobiledentists.com

Elliot P. Schlang, D.D.S., General Dentist & Dental Director, Big Smiles Pennsylvania P.C.
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ESPAÑOL AL REVERSO

For your privacy, please fold & secure.