SchoolSmiles
On-site Dental Care

SAVE TIME!
Call 1.855.497.6453
to sign up your child over the phone
or register at www.schoolsmiles.com

A NEW FORM MUST BE COMPLETED EACH SCHOOL YEAR IF YOU WOULD LIKE YOUR CHILD TO PARTICIPATE

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

DENTAL SERVICES FOR ALL AT NO COST TO YOU*

*for Medicaid and Grant Approvals

This program is **EASY** and **CONVENIENT**: A state licensed dental team comes directly to the school to provide regular dental cleanings and follow up care as needed. There is no more need to miss work and your child misses minimal classroom time. **FREE DENTAL SUPPLIES PROVIDED TO ALL IN THE PROGRAM!** School Smiles can become your child's dental home!

CHILD'S GENERAL INFORMATION

Child's Legal Name: _____ **Birthdate:** _____/_____/_____ **(circle) M F**

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

School: _____ **County:** _____ **Grade:** _____

Parent/Guardian Name: _____ **Phone:** _____

Child's SSN: ☐☐☐ - ☐☐ - ☐☐☐☐

PAYMENT INFORMATION: (please check) MEDICAID ☐ PRIVATE INSURANCE ☐ UNINSURED ☐

1. **Medicaid Information:** 10 or 12-digit ID # ☐☐☐☐☐☐☐☐☐☐☐☐
   Managed Care Plan: _____
2. **Private Insurance:**
   Name of **DENTAL** Insurance Company: _____ Ins. Phone: _____

   Subscriber Name: _____ Subscriber DOB: _____/_____/_____

   Subscriber ID: _____ Subscriber SSN: ____-____-_____-_____-____-_____-_____-_____-_____
3. **Uninsured Dental Options:**

☐ **Self Pay Option:** If you would like your child seen right away you have the option of paying the reduced $99 fee which covers their cleaning, x-rays, fluoride, and exam. The $99 must be paid before the child is seen via money order or calling (1.855.497.6453) to provide over the phone.

☐ **Grant Request Option:** If you would like to be added on our waitlist for a grant approval please check this box. You will be notified when your child has been approved. This is a first come first serve option.

IMPORTANT HEALTH QUESTIONS:

1. Does your child have any present medical conditions such as: heart issues, seizure disorders, allergies, etc? If yes, please list below. If NO, leave blank: _____
   _____

SIGNATURES REQUIRED

I the Parent/Guardian _____understand and give permission for School Smiles dentists to provide the following services on my child at school which includes: exam, x-rays, cleaning, fluoride, silver diamine fluoride, and sealants as needed for 6 month check-ups. I also give permission for my child to receive dental treatment as needed in the form of restorative fillings and local anesthetic to numb the area and any changes. I understand that during treatment it may be necessary to change or add procedures because of conditions found that were not discovered during the initial exam. For example: larger fillings, stainless steel crowns, pulpotomy (root canal on baby tooth) and extractions (pulling the tooth).
FINANCIAL STATEMENT: please be aware that any treatment that is rendered may affect future benefits that your child will recieve under private insurance, health insurance program, medicaid, and hoosier healthwise. A copy of the School Smiles HIPAA Privacy Notice is included on the back of this form, by signing I also understand that a copy of this will be provided at my child's appointment and an additional copy can be requested by calling 1.855.497.6453.

By signing below I am consenting to routine dental cleanings as well as any necessary dental treatment for one school year:

Parent/Guardian Signature: _____ **Date:** _____/_____/_____

*** Please note: If your child needs treatment beyond fillings, such as stainless steel crowns, pulpotomies or extractions, additional consent WILL be obtained. If your child requires treatment outside of what can be provided by School Smiles, a referral will be provided to you.*

Notice of Privacy Policies

School Smile's Legal Responsibilities: As mandated by federal and State legal requirements, your child's health information must be protected. We are required to ensure you are aware of privacy policies, legal duties and your rights to our protected health information. This notice of privacy policies, outlined below, will be in effect for the duration of treatment and must be followed by our practice.

We reserve the right to modify our privacy policies and the terms of this notice at any time and will make such modifications within the guidelines of the law. We reserve the right to make the modifications effective for all protected health information that we maintain, including protected health information we created or received before the changes were made. Changing this notice will precede all significant modifications. This notice will be available upon request.

Copies of this notice are available at your request. For your convenience, information regarding how you can contact us is at the bottom of the notice.

Protected Health Information Use and Disclosure

Information regarding your child's health may be used and disclosed for the purpose of treatment, payment and other health care operations. Examples cited below further explain the use and disclosure process.

TREATMENT: Use and disclosure of your child's protected health information may be provided to a physician or other health care provider providing treatment to your child

PAYMENT: Your child's protected health information may be used and disclosed to obtain payment for services we provided to your child.

EMERGENCIES: We may disclose your child's health information to notify or assist in notifying a family member or another person responsible for their care, about your child's medical condition in the event of an emergency or of your child's death.

REQUIRED BY LAW: Your child's protected health information may be used or disclosed if required by law. For example, for public health reasons in relation to disease, disability reporting child abuse or neglect, reporting domestic violence, reporting Food and Drug Administration problems and reactions to medications and reporting disease or infection exposure.

PUBLIC SAFETY/LAW ENFORCMENT: Your child's health information may be disclosed to law enforcement for purposes of identifying or locating a suspect, fugitive, or missing person; or in the event of a serious imminent threat to the health and safety of a person or the general public.

APPOINTMENT REMINDERS: Your child's protected health care information may be used to assist you with appointment reminders in the form of voicemail messages, postcards and letters.

Patient Rights

ACCESS: You have the right at all times to review your child's protected health information, with limited exceptions. At your written request, we will provide you with your child's information. You have the right to have your child's health information received or communicated through alternative method or sent to an alternative location other than usual method of communication or delivery upon request. You have a right to receive an accounting of disclosures of your child's protected health information made by this practice.

RESTRICTIONS: You have the right to request restrictions on certain uses and disclosures of your child's health information. Please be advised; however, that we are not required to agree to the restriction you requested. If we agree to follow your request regarding additional restrictions, we will follow the agreed restrictions unless an emergency situation dictates otherwise.

AMMENDMENT: You can initiate a written request to amend your child's protected health information. Included in this amendment must be an explanation why information should be amended. Certain conditions may exist where we reject your request.

QUESTIONS/COMPLAINTS: Questions or complaints about your privacy rights or how your child's health information has been handled, please contact:

School Smiles
Luis Garabis, DDS
1499 Windhorst Way, Suite 100
Greenwood, IN 46143
Phone: 1.855.49SMILE
Fax: 317.886.6636
Contact us at: contactus@schoolsmiles.com

If you are not satisfied with the way in which your complaint is handled, you may file a formal complaint with the U.S. Department of Health and Human Services.