



Center for Family Health

Mobile Dental Program **Consent for Treatment**

Center for Family Health Mobile Dental Program brings dental care into the schools. Mobile dental equipment is set up in the school and children who registered are seen during the school day.

The Center for Family Health Mobile Dental program is coming to:

Bean Elementary May 30 – 31, 2017

Services Provided:

Dental exams, x-rays, cleanings, fluoride treatments, sealants and follow up care

Follow-Up Care:

- The dentist will send a note home after your child has been seen to let you know the outcome of the visit.
- If your child needs follow-up treatment it is provided at one of our 2 Dental Clinics
 - Main Dental Office: 500 N. Jackson St. 517-748-5500
 - Northeast Health Center: 1024 Fleming Ave 517-787-4361
 - After hours care phone number 517-780-3636

Affordable:

- We accept most insurances including Medicaid
- We can also help you apply for Medicaid
- We offer discounts based on your income and family size

Case Management Services

The mobile dental program also provides case management services. The Center for Family Health mobile dental program can assist with:

- Transportation
- Translation
- Referrals

Please complete the back to register your child →

If your child has had a dental cleaning within six months, we're sorry, but they are **NOT** eligible for mobile dental services at this time.

Child's Name _____ Date of birth _____ Teacher's Name _____

Health History

Does your child have any health conditions:

Yes No Heart Murmur

Yes No Asthma

Yes No Diabetes

Yes No Latex Allergies

Yes No Medication Allergies-if so please list _____

Yes No Other _____

Child's Medical Doctor _____

Dentist Signature & Date _____

Billing Information

Dental Insurance: _____ Policy # _____

Subscriber Name: _____ Birthdate: _____ Relationship to student: _____

Information Needed for Federal Funding Reports

(This information is not used on an individual basis)

Income: \$ _____ Annual Monthly Bi-Weekly Weekly

Ethnicity: Hispanic Non-Hispanic (Please select one)

Race: White Black Pacific Islander Asian Native American Native Hawaiian
 Other (Please select at least one)

Number Living in Household _____

Privacy Practice Acknowledgment

- I am aware that the Center for Family Health has a HIPAA (Health Insurance Portability and Accountability Act) Notice of Privacy Practices.
- I may request a copy at any time by contacting the Center for Family Health (517) 748-5500.

Agreement to Pay for Services

- I authorize Center for Family Health to release my medical information necessary to Medicare, Medicaid, or other insurance carrier, to process claims and further authorize payment of medical benefits payable directly to Center for Family Health.
- I understand that Center for Family Health will file and complete the necessary steps to collect my insurance payment. My insurance will be billed.
- I understand that I am responsible for any account balance that is not covered by insurance or for any services rendered at Center for Family Health according to the sliding fee scale. This includes any deductibles or co payment portions of my bill after insurance.
- I understand that a statement indicating that the patient, parent, or guardian understands that treatment may be obtained at the patient's dental home rather than at a mobile dental facility and that obtaining duplicate services at a mobile dental facility may affect benefits received from private insurance, a state or federal program, or other third-party provider of dental benefits.

My signature indicates that I am giving consent for my child to receive mobile dental services (dental exam, x-rays, cleaning, fluoride treatment and sealant) and that I understand the above payment information.

Parent / Legal guardian Signature _____ Date _____

Home Phone # _____ Cell Phone # _____ D.O.B (parent/guardian) _____

Street Address _____ City, State, Zip _____

Please call our dental office at 517-748-5500 with any questions