HEALTH PROMOTION SPECIALISTS

100 Old Cherokee Rd. Suite F, PMB # 14 • Lexington, SC 29072 • (800) 276-2398 • www.hps-sc.com

Protect Your Child's Health

You have the opportunity to protect your child from the #1 chronic disease of children in the United States – tooth decay/cavities. Complete the consent form (on back or online) if you want your child to receive services through our school-based oral health program.

WHO IS HPS?

HPS is a group of Registered Dental Hygienists (RDHs) that go into schools to clean teeth, apply fluoride and place sealants or protective fillings on teeth. Services are provided every 6-9 months.

WHAT ARE SEALANTS AND PROTECTIVE FILLINGS?

Ninety (90%) of all tooth decay occurs in the biting surfaces of back teeth.

Preventive sealants are thin plastic coatings that are painted in the grooves on the biting surfaces of back molar teeth to prevent cavities on permanent teeth.

Protective Fillings stop tooth decay from growing and spreading. Silver Diamine Fluoride is placed over a cavity to stop the decay. This turns the decay black and hard. Then tooth colored material is placed on top to seal bacteria out and prevent further decay. They have been shown to cause less damage than regular fillings and can last as long or longer. They do **not** require a drill, something to make your child "sleepy", any shots to "numb" or medicines for pain.

WHERE WILL MY CHILD RECEIVE CARE?

At School- Which means more access to dental care and less class time lost!

Fill out the back of this form completely. You **must** sign it at the bottom where it asks for signature.

WHAT IS THE COST?

- If your child has **Medicaid or SCHIP**, there will be no cost to you.*
- If you have **dental insurance**, we will file your insurance for you and bill you for any amount your insurance does not pay.*
- **All others** will be billed for the cost of services.

Costs for services: Teeth Cleaning - $40 (age 11 & under), $54 (age 12 & over); Fluoride Varnish - $26; Dental Sealants - $32 per tooth; Silver Diamine Fluoride (SDF) - $15 per tooth; Protective Fillings - $50 per tooth

HOW WILL I KNOW WHEN MY CHILD IS SEEN?

A **letter will be sent home with your child** on the day your child is seen letting you know what services were completed and an overview of your child's oral health. Children with cavities that are unable to treated with protective fillings will need to see a dentist soon. We will give you a list of dentists in your area, and you may choose which dentist you would like your child to see.

Online Form

*Please note: If your child currently sees a local dentist, your child may have already had these services done or be scheduled for this in their office. Please consult your dentist. Medicaid and dental insurance **will not** cover cleanings and fluorides more than once every six months. If your child has a cleaning by a dentist within 6 months of the hygienist visiting your school, your child will not be seen by our hygienist during our scheduled visit to your child(ren)'s school(s) because he/she has already been seen elsewhere.

Consent to Receive Services from HEALTH PROMOTION SPECIALISTS

STUDENT INFORMATION

Student Name: (Last)_____ (First)_____ (MI) _____ Check: □ Male □Female

Birthdate: ___ /___ /____ Best Phone # (_____) _____-_____ Parent/Guardian Email: _____

Home Address: _____ City: _____Zip: _____

School: _____ Grade: ____ Homeroom Teacher: _____

MEDICAL INFORMATION

*ALL questions must be answered.

Child's Dentist:	Date of Last Dental Appointment: / /	
Child's Doctor:	Yes	No
Does your child have any allergies? (include food, medicines, and/or latex)		
If yes, please list:		
Has your child ever had an artificial joint replacement?		
Has your child ever been diagnosed with rheumatic fever?		
Does your child have sickle cell anemia or sickle cell trait?		
If yes, please check which one: _____ sickle cell anemia _____ sickle cell trait		
Please list any current serious health conditions for your child:		
List any medications, over the counter medicines, or herbal supplements your child is currently taking:		

PAYMENT INFORMATION

*You MUST circle option A, B or C and sign below.

A MEDICAID- My child has coverage through MEDICAID.

Child's 10-digit Medicaid # | | | | | | | | | | |

B DENTAL INSURANCE- My child has private dental insurance coverage.

Name of Insured Parent/Guardian: _____
Home Address: _____ City: _____ Zip: _____
Parent/Guardian Date of Birth: ___ /____ / _____ Parent/Guardian's Social Security Number: _____ -____ - _____
Insurance ID #: _____ Group #: _____
Insured Employee's Company Name: _____
Dental Insurance Company Name and Address: _____
_____
Dental Insurance Company's Phone Number: (_____) _____-_____

C PRIVATE PAY- My child has no Medicaid or dental insurance coverage.

Costs for services: Teeth Cleaning - $40 (age 11 & under), $54 (age 12 & over); Fluoride Varnish - $26; Dental Sealants - $32 per tooth; Silver Diamine Fluoride (SDF) - $15 per tooth; Protective Fillings - $50 per tooth

I request and authorize HPS staff, licensed as Doctors of Dentistry or dental hygienists, to perform diagnostic procedures, preventive procedures and/or treatment procedures on my child. I understand preventive services do not take the place of an examination by a licensed dentist. I understand that photos may be taken for educational purposes. I further understand that if my child is not enrolled in Medicaid, I am financially responsible to HPS for services performed. I authorize payment of Medicaid or Insurance benefits directly to HPS. I request and authorize the release of information on this form, or acquired in the course of treatment, for payment, referral purposes, and to appropriate school personnel as deemed necessary by HPS. My signature authorizes HPS to send me information about my child through emails and/or text messages. *IF THERE ARE CHANGES TO THIS INFORMATION CONTACT US AT 800-276-2398. A NEW CONSENT FORM WILL BE SENT EACH SCHOOL YEAR FOR UPDATES.*

PRINT Name of Parent/Guardian: _____ (Printed name considered legal signature)
Relationship to Student: _____ Date: ___ /____ / ____

"promoting health with a smile"