

CASS LAKE IHS DENTAL CLINIC PROGRAM 2014-2015

The Cass Lake IHS Hospital has a Mobile Dental Clinic which visits the local schools, Cass Lake Boys & Girls Club, and local Head Starts. Our focus will be on preventing and treating decay in an attempt to prevent tooth pain and loss of teeth.

TREATMENTS WE PROVIDE---Exams---X-rays---Cleanings---Sealants---Fluoride varnishes---Caries (cavity) stabilization--- Local anesthesia---Temporary & permanent fillings (both tooth-colored and silver)---Stainless steel crowns---Pulpotomies & pulpectomies (root canals for baby teeth)---Space maintainers

HOW IT WORKS

1. Parent/guardian fills out the necessary paperwork in **ink** giving us consent to perform an exam and provide all necessary dental treatments listed above. You do have the option to list treatments that you do not want us to provide your child.
2. The exam appointment typically includes a cleaning with a toothbrush, necessary X-rays, caries stabilization, sealants and fluoride varnish.
3. After the complete exam, we send home the treatment plan with child explaining his dental needs. If you have any question or decide that you do not want us to provide any type of treatment, it is your responsibility to contact us at the main clinic's phone number or write on the treatment plan and return it back to your child's school the next day. Otherwise, your signature on this consent form pre-authorizes the dental team to provide all necessary treatment that we provide at the mobile clinic (see "treatments we provide" above). A letter will be sent home with your child after every visit explaining what treatment was performed and what post-operative care your child may need.
4. If your child needs to be seen at the main clinic or referred to specialists for services that we cannot provide at the mobile clinic, then we will attempt to inform you via the phone number listed and a letter will also be sent home with your child that explains how to make an appointment.

HOW TO SIGN UP

Please fill out the following forms and return them back to school, Head Start, or Boys & Girls Club with child

- This form Insurance form Dental health history questionnaire (required each year)

If your child has never been seen at Cass Lake IHS Hospital, you will also need the following forms

- Registration Form HIPAA Form Request for Certification Form

Please list if there is any treatment that you do not wish us to provide for your child below (see "treatments we provide" above).

CONSENT TO EXAM AND TREATMENTS

I consent to the Cass Lake IHS Dental Team to perform an exam and provide all necessary dental treatments unless noted above. I understand that I have the right to discontinue my child's care at any time by contacting the main clinic at (218) 335-3230 or via a written letter that can be sent back to my child's school. I understand it is my responsibility to contact the dental clinic if there is any change in my child's medical history. This consent is valid for 1 year from the date below.

Parent/ Legal Guardian Printed Name

Phone #

Signature

Date

Child's Name _____ **Date of Birth** _____ **Grade** _____ **Teacher's name** _____

Elementary Mobile Clinic (218) 335-2201 Ext: 5117

Headstart Mobile Clinic (218) 335-8345

Bug O Nay Ge Shig Mobile Clinic (218) 665-3052

Main dental clinic (218) 335-3230

Boys and Girls Club (218) 335-4058

**Dental Health Questionnaire - School / Boys & Girls Club / Head Start /
Early Head Start Programs**



Cass Lake Dental Clinic
 425 7th St. NW
 Cass Lake, MN 56633
 218-335-3230
 1-888-257-8067

INSURANCE COVERAGE FORM

*only 1 form per household needed if all children have the same insurance coverage ☺

Child's Name: _____ Child's Date of Birth: _____
 Policy # or MA Subscriber #: _____
 Insurance Company (MA, CCSTPA or other): _____
 Insurance Company Address (back of insurance card): _____
 Insurance Company Phone #: _____
 Primary Insured Person (under whom child is insured if private insurance): _____
 Primary Insured Person's Social Security #: _____
 Effective Date: _____

Additionally Covered Children with the Same Insurance:

Child's Name: _____ Child's Date of Birth: _____
 Policy # or MA Subscriber #: _____
 Child's Name: _____ Child's Date of Birth: _____
 Policy # or MA Subscriber #: _____
 Child's Name: _____ Child's Date of Birth: _____
 Policy # or MA Subscriber #: _____
 Child's Name: _____ Child's Date of Birth: _____
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 Child's Name: _____ Child's Date of Birth: _____
 Policy # or MA Subscriber #: _____

The Cass Lake IHS Dental Program relies heavily upon reimbursement from MA and private dental insurance companies in order to function. **This reimbursement dictates how many staff we can hire and what services we are able to provide!** We understand the application process for MA can be overwhelming and we appreciate your willingness to do so – it greatly helps us expand the services we are able to provide to the community we serve.

Please contact Patti Gale at Cass Lake Hospital Registration for help in completing an MA application at 335-3319. Also, by signing up for MA now, you will be able to get your child in with a pediatric specialist faster, should they need to be referred, and you will also be able to avoid paying any lab fees that may be required should your child need a space maintainer.

Thanks for your help in helping us serve you better!

☺ PLEASE COMPLETE THE NEXT PAGE!!! ☺