



## Student Dental Enrollment Form

HealthHUB is a nonprofit organization with a mission to improve access to healthcare. Our Dental Hygiene trailer, in collaboration with Gifford Health Care, will be visiting your school. Services provided include dental cleanings, oral evaluation, necessary x-rays, fluoride treatments and sealants. Students are eligible if they have NOT had their teeth cleaned within the last 6 months.

Your dental insurance including Medicaid will be billed or you may self-pay. The fee schedule is posted on the HealthHUB website at healthhubvt.org, under the dental tab on the left. **Please** complete both sides of this paper ENTIRELY and return it to the school secretary or nurse.

We are pleased to provide dental hygiene services to adult family members as well as your children. Adults are asked to contact HealthHUB directly at (802) 431-6060 for an appointment.

## By signing this form and enrolling my child(ren) in HealthHUB's dental program, I consent to:

- Treatment performed by the dental hygienist is limited in scope, according to the Vermont Statutes and Rules of dental hygiene scope of practice, and that it does not take the place of a regular dental examination or treatment by a licensed dentist.
- The dental hygienist works collaboratively with school nurses, your child's dentist and medical care provider with whom communication, records and x-rays may be shared and will be kept confidential. If your child does not have a dentist, a referral may be made with communication, records and x-rays shared in a confidential manner for your child's continuum of care.
- Dental records for services provided by the dental hygienist will be reviewed by a VT licensed dentist in which the dental hygienist holds a general supervising agreement.
- It is my responsibility to follow up with any treatment or examination, by a DENTIST, that the dental hygienist recommends for my child.
- It is my responsibility to pay HealthHUB for services rendered, if my child does not have Medicaid or private dental insurance. I also understand that I will pay any co-pays with private insurance.

If you plan to enroll, please fill out the back of this page.

( ) Yes, please enroll my child(ren) to receive (Includes up to 2 oral health screening and 2 cleanings with		
( ) Check if you would like preventative sealar	nts placed on permane	nt molars, if needed.
Child Name #1	Date of Birth	Grade
Child Name #1 Date of last dental cleaning	Date of last x-rays	
Name of Medical Doctor	Health Concerns and Medications:	
Does your child need pre-medication before denta	al cleanings: Yes No	·
Child Name #2	Date of Birth	Grade
Date of last dental cleaning and/or x-rays	<u></u>	
Name of Medical Doctor	Health Concerns and Medications:	
Does your child need medication before dental cle	eanings: Yes No	<del></del>
Dental Insurance Information - Please attach a		
Insurance Company Name:	ID#	Grp#
Ins. Co. Address:	Ins. Co. Phone #	
	Date of birth	
Subscriber's Employer		
Employer's Address		
I will self-pay because my child(ren) does not have	e Medicaid or private de	ntal insurance: YES NO
Parent/guardian		
Address	Town	ZIP
Daytime phone () E-	mail	
Signature of parent/guardian:	Date:	
I,, give my p	permission for HealthHU	B to share my child's dental
I,, give my phygiene records with my child's dentist, school nu	rse and medical provide	r. If my child does not have
a regular dentist, a referral may be made to a deninguished visit. I have reviewed the HIPPA/Privacy p	tist which will include info	
My child's dentist is:		
:Signature of parent/guardian:		 Date:

If you have any questions, you may contact our dental hygienist at <a href="https://hygienist@healthhubvt.org">hygienist@healthhubvt.org</a> or leave a message at (802) 431-6060 ext 1.