



**THE DENTIST IS COMING TO SCHOOL!**  
**In-school dental care at NO COST\* to you.**

\* For patients covered by Medicaid or CHIP

**SAVE TIME!**  
 Sign up online  
[www.MySchoolDentist.com](http://www.MySchoolDentist.com)

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

**EASY & CONVENIENT** - A state licensed dentist will regularly check your child's mouth & teeth, as well as provide a cleaning, x-rays as necessary, fluoride treatment and apply sealants, as needed. Additional care, such as fillings, may also be provided. A dental report card will be sent home with your child. Includes initial dental care & follow-up visits. **SIGN AND RETURN TO YOUR SCHOOL TODAY!**

**PLEASE COMPLETE**

Child's Legal Name		Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City	State	Zip
School	Teacher		Grade
Parent/Guardian Name		Phone (     )	
Email		Alt Phone (     )	

**IMPORTANT HEALTH QUESTION**

Does your child have any past or present medical or dental conditions or disabilities? This may include heart issues, breathing problems, brain/seizure disorders, allergies (including drug allergies), diabetes, bleeding problems, communicable diseases or immune disorders etc. If Yes, explain below (attach additional pages as needed). IF NO, LEAVE BLANK.

List current medications \_\_\_\_\_ List any dental concerns \_\_\_\_\_

**IF CHILD HAS MEDICAID/CHIP**

Circle one of the following: Missouri Medicaid (MO HealthNet), Aetna Better Health Missouri, Missouri Care, Home State Health Plan

Enter Child's 8-digit ID Number HERE: →

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Medicaid & CHIP cover 100% of treatment

**OR** Child's Social Security # (if available)

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**IF CHILD HAS PRIVATE DENTAL INSURANCE**

Ins. Company name (other than Medicaid) \_\_\_\_\_ Ins. Phone \_\_\_\_\_

Group # \_\_\_\_\_ Employer name \_\_\_\_\_ Co. phone \_\_\_\_\_

Name of Insured Adult \_\_\_\_\_ BIRTH DATE of Insured Adult \_\_\_\_\_

Member ID/Policy # \_\_\_\_\_ Social Security # of insured adult \_\_\_\_\_

**IF CHILD HAS NO DENTAL INSURANCE**

(ALSO CHECK ONE BELOW) If paying for services, staple check or money order to this form & make payable to: Nevin Waters, DDS.

- I will pay the reduced fee for a dental cleaning, screening & fluoride per visit. Ages 12 or younger: **\$68.00** Ages 13 or older: **\$81.00**
- I request donated care to cover the cost of a dental cleaning, screening and fluoride for my child. (We will send you a donated care application. Available only once per school year for preventive care only.)

If your child sees a dentist regularly, and you want to continue care with that dentist, you should do so.

**READ & SIGN BELOW**

I understand and authorize Nevin K. Waters D.D.S., P.C. (Provider) and its affiliated dentists or dental hygienists to provide the following services on my child at school which includes exam, cleaning, fluoride, sealants and x-rays as needed, as well as to perform any other dental work as needed, including fillings, extractions of infected baby teeth, placement of space maintainers, numbing the mouth and teeth and other procedures as described more fully on the back of this page. I have read the IMPORTANT HEALTH QUESTION above and will report any significant changes in my child's health to 855-481-8639. I have read the IMPORTANT NOTICE AND CONSENT ON THE BACK OF THIS PAGE and understand and agree to its terms.

**SIGN & DATE HERE**

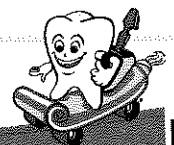
This consent authorizes the initial and future dental visits.

DATE

For your privacy, please fold & secure.

QUESTIONS: 1-855-481-8639 FAX: 1-888-330-4331 Visit us at: [BigSmilesDental.com](http://BigSmilesDental.com)

**ESPAÑOL AL REVERSO**



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