

Date: _____

Mobile Dental Unit Enrollment Form

The mobile dental unit will be at the Wirt County Wellness Center at least twice during the school year.

The first visit will be during September and again in the spring. In order to schedule appointments timely, please return form to the school as soon as possible. Additional appointments may be necessary for Sealants as needed. **Please note if your child has an appointment and the forms are not signed and returned for each dental visit, the appointment will be cancelled. If your child is going to another dentist and does not need these services please notify the Wellness Center that your child does not need these services.**

Services will be billed to your insurance. You will NOT be responsible for any portion of the bill not paid by your insurance. If you do not have coverage, a flat fee of \$20.00 is charged for your child to be seen by the dentist. To qualify for this reduced rate, you must complete the income section of the enrollment and consent form.

If your child already has a dentist, then they do not qualify for this program. Your insurance will not cover the fees of your regular dentist and this program.

Name of Child _____ DOB: _____

Name of Current Dentist: _____

If your child does not have a regular dentist and you would like your child to participate in the mobile dental program, Please complete enrollment and consent form for Wellness Center Services sent home with your child and the following information.

Circle

Does your child have Dental Insurance? Yes or No Name of Company _____

Address: _____

Phone: _____ Effective Date: _____

Policy Number: _____ Group Number: _____

Subscribers name: _____ Birth date: _____ SS# _____

Subscribers Address: _____

Employer: _____

Medicaid: Yes or No Copy of card required. _____ Carelink _____ Unisys _____ Unicare

_____ Health Plan. Family Case Number: _____ Child's Number: _____

Primary Care Provider listed on the Card: _____

May we leave a message on your phone with the date and time of your child's appointment if you are not available to take the phone call with the appointment information. Yes No

I, the parent or guardian of _____ give consent for him/her to participate in the mobile dental service and confirm by my signature this does child does not already have a dentist.

Signature

Date