

NORTHEAST SOUTH DAKOTA HEAD START PROGRAMS, INC.
DENTAL FORM

Child's Name: _____ Date of Birth: _____

Head Start Center/Home Base Unit _____

The following was done: (Please check)

___ Exam

___ X-ray

___ Prophylaxis (cleaning)

___ Sealants

___ Fluoride

___ Other: (Specify) _____

Is the treatment complete? ___ Yes ___ No

If not, what needs to be done? _____

Date of next appointment _____

Date of service: _____

Dr. Signature: _____

Dr. Name (print): _____

Clinic: _____

Address: _____

Phone: _____ Fax: _____

***Please return this form to:**

**NESD Head Start Program,
200 S. Harrison #1, Aberdeen, SD 57401
Phone: (605) 229-4506; Fax: (605) 226-0196**

*Dental reimbursement guidelines on back

Dear Dental Care Provider:

Please complete this form and return it to the NESD Head Start office to be included in the child's health record. To be in compliance with program regulations, we **must have a copy of the exam and/or treatment** regardless of the payment source.

Head Start funds are used for dental services when no other funding is available. **If the child is not on Medicaid and does not have private insurance, please send or fax an estimate of the cost of treatment to the Head Start office for approval prior to treatment.**

Dental Exam & Treatment Policy

- A. Head Start will pay for the following services on all Non-Medicaid and Non-Insured children: (With prior approval)**
1. Dental Examination
 2. Intraoral Occlusal Film (PA-periapical) for diagnostic purposes
 3. Bite-Wing Radiographs for diagnostic purposes
 4. Restoration of decayed teeth with amalgam (silver filling) or composites (white filling) as indicated
 5. Pulp therapy (pulpotomy-root canal)
 6. Topical Fluoride
 7. Routine use of nitrous oxide, topical or injected Novocain for dental exam and treatment
- B. Head Start will NOT pay for children who receive Medicaid or have private insurance. Head Start will also not pay for the following services:**
1. Panorex Radiographs
 2. Prophylaxis (cleaning)
 3. Space maintainers/Orthodontics
 4. Tooth extraction
 5. General Anesthesia
 6. Hospital/surgical center fees including rooms, supplies and medications
 7. Sealants
 8. Crowns or Caps
 9. 6 month routine follow-up
 10. Mileage associated with dental treatment

Thank you for your cooperation and care of this Head Start child. Feel free to contact me with any questions.

Sincerely,

LuAnn Myhre, Health Service Coordinator
NESD Head Start Program, Inc.
200 S. Harrison #1
Aberdeen SD 57401
Telephone: 229-4506; Fax: 226-0196