

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 treatment needed? ___ Yes ___ No

If yes, what needs to be done? _____

Comments: _____

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

- Head Start will pay for the following services on all **Non-Medicaid and Non-Insured children:**

- **With prior approval and as budget allows**

1. Dental Examination
2. Intraoral Occlusal Film (PA-periapical) for diagnostic purposes
3. Bite-Wing Radiographs for diagnostic purposes
4. Panorex Radiographs
5. Prophylaxis (cleaning)
6. Tooth extraction
7. Restoration of decayed teeth with amalgam (silver filling) or composites (white filling) as indicated
8. Pulp therapy (pulpotomy-root canal)
9. Topical Fluoride
10. Sealants
11. Space Maintainers
12. Routine use of nitrous oxide, topical or injected Novocain for dental exam and treatment
13. General Anesthesia
14. Hospital/surgical center fees including rooms, supplies and medications
15. Crowns or Caps
16. 6 month routine follow-up

Thank you for your cooperation and care of this Head Start child. Please contact Head Start with any questions

Sincerely,

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