

## MONTEZUMA COUNTY SMILE MAKERS 106 W North St. Cortez, Co. 81321 970-564-4764

	Students Name:M6	edicaid#			
		#:			
Parent Name:					
Mailing Address:	Ci	ty:	Zip Cod	e:	
I give consent for my stud	ent to receive the follow <u>Please CHECK</u>			ezuma County	Smile Makers:
Dental Screening	Free (Service provide	ed by MCSM)			
Oral Hygiene Education	Free (Service provide	ed by MCSM)			
Prophylaxis (Cleaning)	\$35under12-\$45^12y	rs (paid 100%)	by Medicaid and	CHP+/ Delta	Dental)
Fluoride Treatment	\$25 (paid 100	% by Medicaid	and CHP+/ Del	ta Dental)	
Sealant(s) as needed	\$35 each (pai	d 100% by Med	dicaid and CHP+	/ Delta Dental)	)
REMEMBER MEDIOMONTHS SINCE LAST	CAID AND DELTA DI DENTAL CLEANING		) COVERS 100%	6 ONLY IF IT	HAS BEEN SIX
	PLEASE CHECK	K MARK PAY	MENT METHO	<u>)D</u>	
*□ Medicaid	*□ CHP+	□Check incl	uded (payable to	MCSM): \$	
Does your student have any heallergies- latex/food/other, comments.  Is there any additional inform administered?  Please list:	ation about your studer	nt or comments	you would like t	h problems)? - o mention before	Please list:
	): 106 W North St., Cor	) Notice of Privitez Co.81321 9	vacy Practices is 270-564-4764. B	available from	your student's w, I give consent
Please Sign (Par	ent/Guardian)		I	Date	

<sup>\*</sup>MEDICAID AND CHP LIMIT THE NUMBER OF CLEANINGS AND FLUORIDE TREATMENTS ALLOWED PER YEAR. IF YOUR STUDENT HAS RECEIVED THIS TREATMENT *IN ANY OTHER OFFICE* LESS THAN 6 MONTHS FROM THE DATE OF TREATMENT AT THE SCHOOL DENTAL PROGRAM, YOU MAY BE RESPONSIBLE FOR PAYMENT. Rev 02/16