



**Aurora Public Schools
Medicaid Services
15700 East 1st Avenue
Aurora, CO 80011
Phone: 303-365-7813
Fax: 303-326-1813**

Dear Parent,

The Healthy Smiles Clinic on the Fitzsimmons Campus and the Uninsured Fund of Aurora Public Schools are working together to support families of students who attend an Aurora Public School, in their efforts to obtain dental care for their children.

The service is for children who do **not** have Medicaid, Child Health Plan Plus or who do **not** have private dental insurance. The cost to a family will be \$20 dollars per visit plus 10% percent of the dental cost for each visit. The \$20 dollars + 10% percent fee must be paid on the day dental care is received. Plan to bring at least \$50 dollars for the first appointment. After that, the dental staff will write a dental plan that will specify the cost for all the dental care of your child's needs. In order to receive these services, please do the following:

1. Complete the enclosed application
2. Provide a copy of one (1) month's pay stubs or last year's income tax report. This is to ensure that your family falls within the following income guidelines:

<u>Family Size</u>	<u>Family Income</u>
1 person	\$19,240
2 persons	\$25,900
3 persons	\$32,560
4 persons	\$39,220
5 persons	\$45,880
6 persons	\$52,540
7 persons	\$59,200
8 persons	\$65,860

(For each additional person, add \$6,280)

If you have any questions, please contact your school nurse or school health paraeducator.

Sincerely,

Mary Anderson
School Nurse/Case Manager
APS Office of Medicaid Services
303-365-7813 ext. 28531

Elizabeth Ocasio
Bilingual Case Manager Assistant
APS Office of Medicaid Services
303-365-7813 ext. 28537

09/22/09

PATIENT REGISTRATION FORM

This information must be filled out to ensure proper payment

Patient Name: _____ Date of Birth: _____
Social Security Number: _____ Medicaid Number: _____

PARENT / LEGAL GUARDIAN INFORMATION

Mother's Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Father's Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

INSURANCE INFORMATION

Primary Dental Insurance: _____

Group or Plan Number: _____

Insurance Company Address: _____

Subscriber's Name (Person that holds the insurance plan): _____

Social Security Number of Insured: _____ Relationship to Patient: _____

Employer: _____

Secondary Dental Insurance: _____

Group or Plan Number: _____

Insurance Company Address: _____

Subscriber's Name (Person that holds the insurance plan): _____

Social Security Number of Insured: _____ Relationship to Patient: _____

Employer: _____

In case someone other than you (the parent/legal guardian) accompanies your child to future dental appointments, may this person (if over 21 years) give consent by proxy to possible treatment plan changes? For example: the patient's sister or aunt brings the child to the appointment and a tooth that was planned to receive a silver filling needs a crown. May this person decide for you this change?

YES NO

If NO, what should we do?

Reschedule. A parent will come with the patient to the next appointment.

Call (_____) _____ to discuss the change with a parent.

If nobody can be reached we will reschedule.

Do you give us permission to leave appointment information on your answering machine? YES NO

Your Signature

Relationship to Patient

Today's Date

Medical and Dental History Form

Please complete the following form so we may better serve your child

Child's name: _____

Date of birth: _____

Gender: Female Male

What is the main reason you brought your child to us today? _____

Has your child ever had any of the following?	Yes	No	Comments
Heart Murmur			
Congenital heart disease			
Asthma, Cystic Fibrosis, Respiratory Disease			
Diabetes, Thyroid, Glandular, or other Endocrine Disease			
Liver Disease/Hepatitis/Jaundice			
Kidney Disease			
Skin, Bone, Muscle, or Joint Disease			
Seizures/Convulsions/Loss of Consciousness			
Cerebral Palsy or Neurological Disease			
Sexually Transmitted Disease or HIV			
Anemia, Hemophilia, other Blood Disorders			
Sickle Cell Disease or Trait			
Cancer			
Speech disorder			
Hearing disorder			
Sight or eye disorder			
Frequent Headaches			
Mental, Emotional, or Developmental delays			
Autism, ADHD, Genetic Disorder/ Syndrome (please state)			
Frequent infections			
Has your child ever received blood/blood products?			
Has your child ever been hospitalized?			
Has your child ever been seriously ill?			
Has your child ever had a significant injury?			
Has your child ever had surgery?			
Which medicines does your child take at this time?			
Is your child allergic.....			
.....to any medicines?			Please list
.....to any foods, environmental pollutants, animals?			Please list

Is there any other problem, disease, or medical condition that we should know about in order to care for your child?

No Yes Please list _____

Who is your child's Primary Physician or Physician's Group?

Name _____ in _____ Phone _____

Has your child had any of the following:	Yes	No	Comments
Pain in the teeth			
Swelling of the mouth and face			
Injury to the face or teeth			
A bad dental experience			
Does your water have fluoride			
Does your child thumb suck, or other oral habit			
Does your child have any other dental condition			

Which of the following categories best describes your child's learning abilities? Delayed Normal Advanced
 How do you think your child will cooperate for this appointment? Well-behaved Unsure Uncooperative

Parent/Guardian signature

Date

Reviewed by DDS, DMD

Healthy Smiles Dental Clinic Agreement

Healthy Smiles Dental Clinic is a dental program that is part of The Children's Hospital and the University of Colorado School of Dentistry. The program is a teaching site for students and residents who are supervised by Pediatric Dentists. The goal of Healthy Smiles Dental Clinic is to provide quality oral health care for children (we refer to this as routine care). In order to meet our goals, we ask that you follow these guidelines.

1. Late or missed appointments affect our ability to provide adequate dental care for your child. If you need to cancel, we need 24 hours prior notice. Should you need to change your appointment, please call Healthy Smiles Dental Clinic at 303-724-2273. If the clinic is closed, please leave a message.
2. We have a "3 missed policy." If you miss or cancel an appointment 3 times without giving 24 hours notice, your child will not be seen for routine care and can only be seen for a dental emergency.
3. We require at least one parent to be present during your child's appointment at the Healthy Smiles Dental Clinic. If you bring other children to the appointment, please bring another adult to watch the child(ren) not receiving dental care while you are with the child that is being treated. This enables us to focus on treating your child and provide the best care.
4. If you have any questions, please ask your doctor.

Please indicate your agreement to these policies by signing below.

Parent Name

Date

Healthy Smiles Dental Clinic Un acuerdo

Healthy Smiles Dental Clinic (La Clinica de Sonrisas Sanas) es un programa dental que forma parte de The Children's Hospital y University of Colorado School of Dentistry. Este programa es un lugar de instrucción para estudiantes y médicos internos bajo la supervisión de Odontólogos Pediátricos. La meta de Healthy Smiles Dental Clinic es proporcionar a los niños atención de calidad para la salud oral (a lo que nos referimos como cuidado de rutina). Para alcanzar nuestras metas, le pedimos cumplir con las siguientes indicaciones.

1. El faltar o llegar tarde a una cita afecta nuestra capacidad para otorgar una atención adecuada a su hijo. **Si usted tiene que cancelar la cita, necesitamos que nos avise con 24 horas de anticipación.** Si necesita cambiar su cita, por favor llame a Healthy Smiles Dental Clinic al 303-724-2273. Si la clínica está cerrada, por favor deje un mensaje.
2. Tenemos una póliza al faltar 3 veces. Si falta a una cita o si la cancela sin avisarnos con 24 horas de anticipación por 3 veces, no se atenderá en caso de una emergencia dental.
3. Se requiere que por lo menos el padre o la madre estén presentes durante la cita en Healthy Smiles Dental Clinic. Si trae a otros niños a la cita, por favor venga con otro adulto para que los cuide mientras que usted está con su hijo durante el tratamiento. Así nos podemos enfocar en el tratamiento de su hijo y brindarle el mejor cuidado.
4. Si tiene alguna pregunta, por favor hable con su doctor.

Por favor, firme abajo para indicar que está de acuerdo.

Firma de padre o madre

Fecha



The Children's Hospital Pediatric Dental Clinic Policies

The Children's Hospital Pediatric Dental Clinic operates a residency program that includes teaching and training of dental residents.

We have established the following rules that help us to accomplish our mission. Our goal is to provide affordable quality oral health care in an efficient manner to children, adolescents, and individuals with special needs.

1. You must bring your current insurance card (e.g. Medicaid card) or other valid billing information to each visit. Without this you will be considered self-pay.
2. All self-pay patients must pay the full amount due at checkout after each appointment.
3. Please arrive at least 15 minutes before the scheduled appointment time for completion of the check-in procedures.
4. Except for true emergencies (e.g., trauma, swelling, bleeding), we see all patients at scheduled appointments only and do not take "walk-ins".
5. If you are up to 15 minutes late we will try to work you in if the schedule allows. Your wait time may be up to two hours. However, if you are more than 15 minutes late, we will reschedule.
6. An appointment is time specifically reserved for your child. If you are unable to keep it, you must cancel with at least 24 hours notice so we can use the time for another patient.
7. If you miss more than three appointments or cancel repeatedly without adequate notice, we will dismiss you from our clinic unless special circumstances apply.
8. We allow only one responsible adult (no siblings) to accompany a patient to the treatment area. Child care facilities are available daily during our business hours at the Creative Play Center on the first floor.

Please indicate your agreement to these policies by signing below.

Parent/Guardian Signature



Normas de la Clínica Dental en el Hospital Children's

La clínica Dental Pediátrica en el Hospital Children's patrocina un programa de prácticos que incluye la enseñanza y el entrenamiento de los dentistas residentes.

Hemos establecido las siguientes normas para ayudarnos a cumplir con nuestra misión. Nuestra meta es proveer cuidado de la salud bucal asequible y de calidad en una manera eficaz, para los niños, adolescentes, e individuos con necesidades especiales.

1. Usted debe traer su tarjeta de seguro médico actual (e.j tarjeta de Medicaid) u otra información de facturación válida a cada visita. Si no la trae se le considerará que usted se encarga de su propia cuenta.
2. Todo paciente que se encarga de su propia cuenta, la tiene que pagar en su totalidad después de cada cita.
3. Por favor, lleguen 15 minutos antes de la hora programada para la cita para completar el proceso de registro.
4. Salvo en una emergencia (p.j. trauma, hinchazón, sangrado) vemos a los pacientes con citas programadas. No se atienden a personas que se presentan sin cita.
5. Si usted llega hasta 15 minutos tarde intentaremos acomodarle si el horario permite. La espera puede ser hasta dos horas. Sin embargo, si usted llega más de 15 minutos tarde, le programaremos la cita de nuevo.
6. Una cita es tiempo específicamente reservado para su hijo. Si usted no puede acudir a la cita, debe cancelarla con un mínimo de 24 horas de antelación, para que podamos usar el tiempo para otro niño.
7. Si usted pierde más de tres citas o si cancela citas repetidamente sin dar aviso suficiente, no le volveremos a atender en la clínica a no ser que existan circunstancias especiales.
8. Solamente permitimos que un adulto responsable (no hermanos) acompañe a un paciente al área de tratamiento. Hay servicio de guardería disponible durante horas laborales en el Centro de Juegos (Creative Play Center) en la planta baja.

Por favor firme abajo para indicar que está de acuerdo con estas normas.

Firma del padre/tutor
