

# SMILE SMART



## ***Dental Care During the School Day at NO COST to Parents***

Starting early with regular check-ups by a Dentist can lead to a healthy smile that lasts a lifetime.

The CompleteCare Smile Smart program can provide your child with superior dental care during school hours FREE of charge. Simply sign the forms in this packet and return it to the school nurse with a copy of your child's insurance card (Medicaid and NJ FamilyCare accepted). Once completed, your child will be scheduled for the next available dental trip.

Our personalized service and superior dental care will help you to make sure that your child receives the care they need, when they need it.

**If you have any questions regarding the Smile Smart program, or if you would like to schedule your child's dental appointment on your own please call:**

CAPE MAY	609-465-0258
CUMBERLAND	856-451-4700
GLOUCESTER	856-863-5720

### **SERVICES INCLUDE:**

- Exams
- X-rays
- Dental Cleaning
- Restorative Dentistry
- Fluoride Treatment
- Sealants and more

**CompleteCare**  
HEALTH NETWORK



# CONSENT FOR TRANSPORTATION, TREATMENT AND ASSIGNMENT OF BENEFITS

Thank you for choosing CompleteCare Health Network's Smile Smart Program. Since this is a community dental program it operates differently than other dental offices. Please read the information below carefully and if you have any questions contact Meghan Spinelli at 856-451-4700 x2072.

I hereby accept/authorize service from CompleteCare Health Network to be provided by its duly licensed or certified employees or agents. I hereby authorize CompleteCare Health Network to release any medical or other information necessary for my child's treatment, the processing and payment of all claims made on my child's behalf, and for healthcare operations. I hereby assign payment of benefits, and direct my insurance carrier to make payment directly to CompleteCare Health Network.

## Patient's Rights and Responsibilities

The patient's Bill of Rights and Responsibilities were verbally explained and I understand a copy is available to me on request.

## Visits

Your child's first visit, if not arranged in advance as an emergency visit, will be for a dental examination and x-rays to plan for treatment. Dental hygiene visits will be scheduled separately based on the dentist's evaluation at the exam visit. If fillings are planned, one filling will be done at each visit.

## Behavior

If a patient or someone accompanying that patient is abusive in language or threatens or acts out any physical abuse, that will be grounds for being dismissed from the practice. Please treat our courteous staff with the respect that they show you.

## Dental Referrals

Our dentists are general dentists and perform only basic dental procedures: exams, fillings, cleanings, removable dentures and some dental extractions. Root canals, crowns and bridges are not done here. You may be referred to another general dentist or a dental specialist for procedures such as difficult or multiple dental extractions, completing an extraction that our dentists are unable to complete, gum disease treatment, root canal treatment, crowns or treatment of an uncooperative child. Other dental offices do not accept our reduced fee program. If your dental insurance does not cover the general dentist or specialist to whom we referred you for dental treatment, you will be responsible to that office for their usual fees.

## Communication

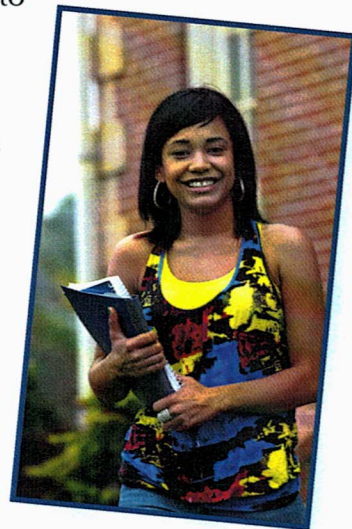
You have the right to be fully informed about the dental treatment for your child. Notes detailing your child's visit will be sent home following every visit.

## Transportation

CompleteCare Health Network will provide bus/van transportation to our closest dental facility. A chaperone will be with the students on the bus and in the waiting room while each child is individually seen by the dental staff. Students will return to school for normal dismissal.

**Signed consent includes initial visit, 6 month check-ups when appropriate, preventive and restorative care.**

**By signing this, I understand and agree to all of the above policies and that a CompleteCare staff member has answered any questions I may have had about these policies.**



\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



# HEALTH AND DENTAL HISTORY

Insurance such as Medicaid and NJ Family Care cover your child for 100% of costs.

## General and Health Information PLEASE PRINT CLEARLY IN INK

School or Program Name \_\_\_\_\_ County \_\_\_\_\_

Child's Legal Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Sex: M F Last Dental Visit \_\_\_\_\_

Your Child's Social Security number \_\_\_\_\_

Parent or Guardian's Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell or Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City / Zip \_\_\_\_\_

Relationship to child \_\_\_\_\_

Has your child had any history of, or conditions related to, any of the following: ☐ NONE

Asthma ☐ Y ☐ N Diabetes ☐ Y ☐ N

Latex allergy ☐ Y ☐ N Blood Disorder ☐ Y ☐ N

Heart Murmur ☐ Y ☐ N Hepatitis ☐ Y ☐ N

Does your child require premedication? ☐ Y ☐ N HIV/AIDS ☐ Y ☐ N

Allergies- What? ☐ Y ☐ N Tuberculosis ☐ Y ☐ N

Hemophilia ☐ Y ☐ N

Explain \_\_\_\_\_

Dental problems ☐ Y ☐ N

Heart Valve Replacement ☐ Y ☐ N Shunts or Artificial Joints ☐ Y ☐ N

Explain \_\_\_\_\_

**\*IMPORTANT: List all medications, health history, medical and dental conditions below. Attach another page if more space is needed. PLEASE INFORM US AT THE 6-MONTH VISIT IF THERE IS ANY CHANGE IN YOUR CHILD'S MEDICAL OR DENTAL CONDITION BY FILLING OUT A NEW PERMISSION FORM.**

☐ Medicaid ☐ NJ Family Care (We accept Medicaid, NJ Family Care and most private insurance)

☐ My Child is uninsured. Please contact me about obtaining insurance for my child

Child's 16-digit CCN Number: \_\_\_\_\_

Name of Private Insurance Company (other than Medicaid) \_\_\_\_\_ Ins. Phone \_\_\_\_\_

Group # \_\_\_\_\_ Employer name \_\_\_\_\_ Employer Phone \_\_\_\_\_

Name of person under whom child is covered \_\_\_\_\_ BIRTH DATE of insured Adult \_\_\_\_\_

Social Security number of Insured adult \_\_\_\_\_

### Secondary Insurance Information:

Insurance Name \_\_\_\_\_ Policy Holder \_\_\_\_\_ Date of Birth \_\_\_\_\_

Id Number \_\_\_\_\_ Employer Phone \_\_\_\_\_ Insurance Co. Phone \_\_\_\_\_



# **COMPLETECARE OFFERS DENTAL CARE AT THE FOLLOWING LOCATIONS:**

## **IN CAPE MAY COUNTY:**

CompleteCare Medical and Dental Professionals  
3700 New Jersey Avenue, Wildwood, NJ

## **IN CUMBERLAND COUNTY:**

CompleteCare Smile Center  
105 Manheim Avenue, Suite 11, Bridgeton, NJ

CompleteCare Medical and Dental Professionals  
1200 N. High Street, Millville, NJ

CompleteCare Medical and Dental Professionals  
319 Landis Avenue, Vineland, NJ

## **IN GLOUCESTER COUNTY:**

CompleteCare Medical and Dental Professionals  
335 North Delsea Drive, Glassboro, NJ

Call **609-465-0258, 856-451-4700** or **856-863-5720**  
for an appointment

**[www.CompleteCareNJ.org](http://www.CompleteCareNJ.org)**

Se Habla Espanol

