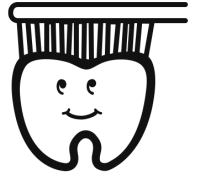




Green Hills Head Start DENTAL EXAMINATION

2023-2024



Child Information	
Child's Name:	Parent/Guardian Name:
Birthdate:	Address:
Head Start Location:	
Medicaid/Private Insurance #:	Phone Number(s):

** ATTENTION DENTAL PROFESSIONAL **

Head Start will pay **ONLY** if the child is **NOT ELIGIBLE** for Medicaid. A current denial of Medicaid from FSD must be on file before Head Start funds can be authorized for payment. You will receive a Record Treatment Form after the Examination and Diagnosis Form has been processed. If you have an emergency situation, please call (660)359-2214. Head Start, with *recommendation of the Health Advisory Committee*, has adopted the **current Medicaid reimbursement rate** for non-Medicaid children.

Oral Exam	\$34.00	Bite Wings	25.00
Prophylaxis	35.00	Fluoride	15.00

Examination Date: ____/____/____

Next Appointment: ____/____/____

Check if Performed

Prophylaxis: _____

Diagnostic Radiographs: _____

Fluoride Treatment: _____

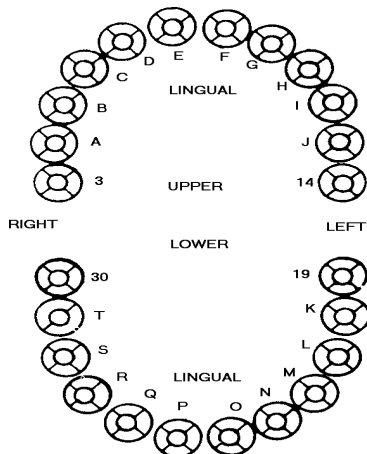
Exam Only _____

Priority Group

Needs Routine Care: _____

Needs Attention Soon: _____

Treatment Needed:



Tooth # or Letter	Description of Service

Dentist Name (Please Print) _____ Signature _____ Date _____

Mail to: Green Hills Head Start, PO Box 177, Trenton, MO 64683 Phone: (660)359-2214 Fax: (660)359-5787