



TOOTHSAVERS IN-SCHOOL DENTAL CARE

MEDICAID PAYS 100%

Sign Up Online!
www.MySchoolDentist.com

Scan the code
with your
phone.



SIGN AND RETURN TO YOUR SCHOOL TODAY!

ToothSavers is a mobile oral health program that provides safe and painless preventive dental services in Washington State schools during school hours. Tooth decay is the #1 chronic disease among children. If left untreated, cavities can lead to other infections and diseases. The CDC (Centers for Disease Control and Prevention) reports that dental sealants reduce tooth decay by up to 80%.

ToothSavers offers:

Oral health screenings: a visual screening to check the health of the teeth/mouth and detect any dental problems or emergencies.

Dental sealants: A protective tooth-colored shield that is placed on teeth in the back of the mouth, where children most often get cavities.

Fluoride varnish: A dental strengthening gel that is applied to the teeth to add a layer of protection against cavities.

Are there any of the above services that you would **NOT** like your child to receive?

If so, please list here: _____

PLEASE COMPLETE

Child's Legal FIRST Name		Child's Legal LAST Name(s)		Birth Date mm/dd/yyyy	☐ Male ☐ Female
Address			City	State	Zip
School			Teacher		Grade
Parent/Guardian Name				Phone ())	
Email				Alt Phone ())	

IMPORTANT HEALTH QUESTION

DOES YOUR CHILD HAVE ANY THE FOLLOWING CONDITIONS? PLEASE CHECK EACH CONDITION THAT APPLIES. IF NO CONDITIONS APPLY, LEAVE BLANK.

- | | | | |
|---|--|---|--|
| ☐ Allergies-foods/seasonal | ☐ Autism spectrum | ☐ Heart problems | ☐ Other / Explain |
| ☐ Allergies-medications | ☐ Behavioral disorder | ☐ Hepatitis or HIV | _____ |
| ☐ Allergy to silver | ☐ Diabetes | ☐ Seizures | _____ |
| ☐ Asthma | ☐ Heart murmur | ☐ Sensory disorder | _____ |

Other health problems we should be aware of: _____

IF YOUR CHILD HAS MEDICAID/CHIP (APPLE HEALTH)

Enter their **ProviderOne** number ending in WA here: → **W** **A**

OR Child's Social Security # (if available) - -

IF CHILD HAS NO DENTAL INSURANCE

☐ I will pay the fee for: Visual Screening-\$14, Fluoride Varnish-\$34, Dental Sealant-\$32 per tooth. To pay by credit card, call 855-481-8639.

READ & SIGN BELOW

This form serves as informed consent. By completing and signing this form, you consent to ToothSavers providers rendering the oral health services listed above for your child at their school. Permission includes initial dental care & follow-up visits. You may opt-out at any time by providing written notice. Do NOT fill out form unless you want your child to be seen by ToothSavers.

SIGN & DATE HERE

DATE

For your privacy,
please fold & secure.

QUESTIONS: 855-481-8639 FAX: 888-330-4331 Visit us at: ToothSavers.org

Michael LaCorte Dentistry, PC
 600 Stewart Street, Suite 400, Seattle, WA 98101
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FAQ

Q. What if my child already has a dentist?

A. That's great! Your child can also see ToothSavers. Our visual screenings do not interfere with dental exams. Dental sealants are only covered by insurance every three years though so please inform your child's dentist if ToothSavers provided this service. ToothSavers is not a substitute for routine dental visits. If your child does not have a dentist, visit DentistLink.org or call them at 844-888-5465.

Q. Does insurance cover these services?

A. Yes. Apple Health/Medicaid/Molina pays 100% of our fees. There is no cost to you.

Q. What is the cost to me?

A. Apple Health/Medicaid – NO COST

Cash Fees: Visual Screening-\$14, Fluoride Varnish-\$34, Dental Sealant-\$32 per tooth.

SAFETY

ToothSavers takes every precaution to keep your child safe.

- All providers are experienced, registered dental hygienists in Washington State.
- All providers follow strict handwashing and sanitizing protocols and use appropriate PPE (personal protective equipment).
- Hospital-grade disinfectant wipes and spray are used on all equipment and contact areas.
- Dental equipment producing aerosols are not used.
- Toothbrushes are individually packaged.

The Health Insurance Portability and Accountability Act 1996 (HIPAA) requires that all health care records be kept confidential. ToothSavers adheres to all HIPAA standards and will provide a Notice of Privacy Practices upon request. By signing this document, you give permission to communicate with school staff, health districts, ToothSaver community partners, and referring dental offices regarding dental needs. I understand that any signs of COVID-19 symptoms will be reported to the school for safety purposes.

ToothSavers | 855-481-8639 | ToothSavers.org