



# NMCAA DENTAL HEALTH SCREENING RECORD

*If this child has Medicaid coverage and your office does not accept Medicaid DO NOT TREAT THIS CHILD UNLESS YOU HAVE PRIOR APPROVAL*



Program Site Name Early Head Start Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male Female

Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Insurance Number \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Dentist Phone Number \_\_\_\_\_

NMCAA Contact Person: \_\_\_\_\_ NMCAA Contact Information \_\_\_\_\_

DATE		FEE
	EXAM	
	PROPHY	
	FLUORIDE	
	X-RAYS (only if required for diagnostic use)	
	TOTAL	

METHOD OF PAYMENT Check one	
<input type="checkbox"/>	MEDICAID
<input type="checkbox"/>	INSURANCE
<input type="checkbox"/>	NMCAA

### Check All That Apply:

- DENTAL EXAM COMPLETE - NO FURTHER TREATMENT NECESSARY
- FURTHER TREATMENT NECESSARY - Must have prior authorization if NMCAA is responsible to pay. If Medicaid coverage, treatment can be scheduled.  
 Estimated Cost of Treatment \$ \_\_\_\_\_ If in excess of \$150, attach treatment plan.  
 Approximate number of appointments needed \_\_\_\_\_ Date Scheduled \_\_\_\_\_
- OTHER \_\_\_\_\_  
(uncooperative, difficulties, wait for treatment, etc.)

NO  YES Based on the criteria below, do you have additional recommendations for this child?

Head Start programs are required to facilitate fluoride supplements, other preventative oral health measures and/or further oral health treatment for enrolled children living in communities where there is a lack of adequate fluoride in the water supply or if the child has moderate or severe tooth decay.

If yes, please describe: \_\_\_\_\_

Date of Next Exam \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Dentist Signature \_\_\_\_\_ Date \_\_\_\_\_

### AREA BELOW FOR NMCAA USE ONLY

FURTHER TREATMENT AUTHORIZED  Yes  No Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Return all copies to: Northwest Michigan Community Action Agency, Inc. DENTAL PROGRAM 3963 Three Mile Rd Traverse City, MI 49686

**FOR NMCAA OFFICE USE ONLY: Date Received** \_\_\_\_\_ **Time and Mileage to Appointment** \_\_\_\_\_