

December 2024

Dear Families.

We are pleased to inform you that we are starting a partnership with Mainely Teeth, to provide dental services to your child. During this school year, a Mainely Teeth hygienist will spend time in each school where they will provide routine dental screenings, preventive services and simple dental treatments to students who are eligible and have been signed up ahead of time. Mainely teeth will provide these services to your child twice during the school year. If your child does not have dental insurance and you would like your child to receive care, Mainely Teeth will still provide all services indicated.

The hygienist providing services at your child's school will share information gathered at your child's appointment, including their findings and photos of your child's teeth, with the dentists at Mainely Teeth. They will work together to make a plan that will keep your child's teeth as healthy as possible. This means your child will have a dental home. Your child is eligible to receive our service if they have not received routine, preventive dental care in the last 6 months. If you already have a dentist/dental home for your child that you would like to continue going to, but are still interested in having your child seen at school by Mainely Teeth, please contact Mainely Teeth (207)808-9498 for further information before signing your child up. Most children's dental needs can be met at these school visits, but Mainely Teeth will work with your family to schedule further treatments if necessary.

If your child has dental insurance, including MaineCare, your insurance will be billed for the dental care we provide. Please make sure the Insurance Verification Form is <u>fully</u> completed. <u>If Mainely Teeth is having issues submitting a claim and is unable to verify your child's insurance with you after one attempted contact, you will receive a bill in the mail for the <u>services rendered</u>. If the Insurance Verification Form is left blank, you will receive a bill for the services rendered. To avoid any billing issues please complete ALL forms in the packet.</u>

To learn more about the mobile dental clinic, and how to sign up, please read the "Frequently Asked Questions" list included in this packet. Feel free to contact your school nurse if you have any additional questions about this information. We look forward to working with you to keep your child's smile happy and healthy!

Best,

MSAD 54 Nurses

Frequently Asked Questions

Can my child take part in the clinic even if they have been to the dentist within the last 6 months or they have an upcoming visit scheduled?

Most dental insurances, including MaineCare, will only cover one preventive cleaning every six months unless requested by a provider. If your child is an established patient at a dental practice, receives routine, preventative care at that practice and you are happy with the care they receive; we ask that you do not sign your child up to receive care at the Mainely Teeth dental clinics at your child's school. You will be charged if your child goes to a different dentist and receives services more than once in a 6 month timeframe.

My child has their first dental appointment scheduled for later this year, but I would like them to be seen sooner. Can I have them sign up for this clinic?

If your child has a scheduled appointment, it is best to keep that appointment scheduled. That said, you may choose to have your child seen at our dental clinic, just be aware that insurance will be charged if your child has it and you will likely be billed for any other routine visit that takes place within the next 6 months.

When my child graduates from their school can they still get care with Mainely Teeth?

Yes! Your child is now an established patient at Mainely Teeth. You can make follow-up 6 month appointments for cleanings and check-ups at their brick-and-mortar location in Portland, ME. To make these follow-up appointments you can call: Mainely Teeth 207-808-9498

How do I sign my child up to receive this service?

You can sign your child up for the dental clinic by connecting with your child's school nurse and filling out the permission forms. If needed, they will help you fill out the paperwork needed to secure your child's spot.

Can I accompany my child to their dental visit at the school?

Yes! Parents are welcome to chaperone their child for the entirety of the dental cleaning. If parents are unable to join their child for the visit, one of the familiar school staff will accompany your child should they need extra support. The mobile clinic fits approximately 2 adults and 2 children in the seating area.

My child has special needs that make it difficult for them to receive dental care. Are there accommodations to make this work for my child?

Yes! We know a visit to the dentist can be a stressful situation for anyone. Malnely Teeth provides a safe, comfortable environment for children of all ages, and they take their time with each patient, explaining all of the tools and processes to alleviate any fear! The hygienists have experience with children with special needs and we would love to chat about what your child's needs are before their appointment. Things such as social stories, weighted blankets, music, a quiet atmosphere, and shortened appointments can be a game-changer for many children.

What if my child is absent that day?

If you know ahead of time that your child will not be able to make it to the clinic at their school, we may be able to make arrangements for your child to be seen another day. If your child is sick on the day of the clinic and had intended to be seen, we will try our best to schedule another time to see your child.

I have been told my child is too young to go to the dentist? Can they receive this service?

The American Academy of Pediatric Dentistry (AAPD) recommends that a child go to the dentist by age 1 or within six months after their first tooth erupts. We are finding that some dentists in the area will not see children until their first birthday or until their molars come in; however, most infants have their first tooth by age 6 months! As soon as you see a tooth, it is time to see the dentist. Depending on your child's age, the visit may include a full exam of the teeth, jaw, bite, gums, and other oral tissues to check growth and development. If needed, your child may also have a gentle cleaning. This includes polishing the teeth to remove cavity-causing plaque.

Child's N	ame:		Date of Birth:	J			
	first	last					
Parent's	Name:		_ Date of Birth:	//			
Parent en	first nail:	last Parent Pho	one #: (
Dear Pare							
	Teeth will be visiting your child's school to off palants, Silver Diamine Fluoride application						
 Fluorer much Seal bact tooth Silver hype Glass release temp 	Dental teeth cleanings use a brush, polisher, and tools to remove plaque and tartar off the teeth! Fluoride varnish is easily applied with a small brush and research suggests it can reduce the risk of cavities by as much as 40%. Sealants are a thin coating placed on the chewing surface of the permanent/adult molar teeth. They "seal" out the cacteria and food that can cause cavities and there is very good evidence that they are one of the best ways to prevent ooth decay. Silver Diamine Fluoride is a topical medication used to treat and prevent dental caries and relieve dentinal hypersensitivity (see next page for more info) Glass lonomer temporary fillings are a filling-like material placed on areas of suspected cavities. This material releases fluoride into the tooth and helps to strengthen surfaces while providing a protective coating. This is a temporary filling with NO drilling or numbing needed and can prevent your child from needing more invasive treatment.						
	ive permission for my child to have all ervice	Initial Below					
De	ental Screening	×					
De	ental Cleaning	х					
De	ental XRAYS	х					
Flu	uoride Varnish	х					
Se	alants (as needed)	×					
Gl	ass lonomer Temporary Fillings (as needed)	х					
	es your child have any ALLERGIES? Yes (ES, please explain:	No					
Do	es your child have any MEDICAL CONDITIO	NS AND/OR TAKE MEDICATIONS?	res No				
IfY	'ES, please explain:	(attach	list of medical conditi	ons and medications)			
appointme comprehe	ive Mainely Teeth permission to treat my child. By significants. As requested, we can establish care with a denorable for insive/periodic exams, and all other needed dental significants will be given by a tients will be given by the control of th	itist employed by Mainely Teeth at our brid ervices; excluding orthodontic treatment,	ck and mortar office for year	rly routine			
Guardian S	Signature X		DATE:				

Guardian Signature X

Teledentistry Patient Consent and Acknowledgement

I understand that teledentistry means that the dentist will not be physically present during my/my child's visit. As such, I understand that a full diagnosis may not be available at the time of or immediately following my appointment. I understand that I have virtual access to my/my child's dental records, but may have limited or asynchronous access to my dentist or provider after the time of service. I specifically consent to the taking or use of photographs, radiographs, and video recordings and the transmission of these images and video to provide telehealth dental services. I acknowledge that while my provider takes best-in-class information security measures, teledentistry requires the use of transmitting patient information over secure internet channels. I acknowledge that teledentistry may not be appropriate for all clinical situations, and before, during, or after my visit I may be referred to an outside dentist, provider or in-person medical or dental service.

The following providers listed are all providers who could potentially be involved in the patient's care via asynchronous teledentistry:

Dr.Kailee Jorganson, D.M.D. DEN4724 Dr.Angela Hastings, D.M.D. #DEN4517 Dr. Chad Phillips, D.M.D. #DEN4885 Dr. Natasha Seavey, D.M.D. #DEN4873 Dr. Andrew Elkinson, D.D.S. #DEN5163 Dr.Jenny Brunicini, D.M.D. #DEN4114 Dr.Kristen Hoglund, D.M.D. #DEN4882 Dr.Steven Mills, D.M.D. #DEN3140 Amber Lombardi, IPDH #RDH4243 Alyssa Bigos, RDH #4435 Robyn Shafer, RDH #RDH4443 Kathleen Kersey, RDH #RDH4240 Alexandra Bazınet, RDH #RDH 4199 Kaitlyn Bean, RDH #RDH4368 Amanda Woodhead, RDH #RDH4525 Michelle Toro, RDH #RDH4528 Nicole Skrzypek, RDH #RDH3930 Lauren Durell, IPDH #RDH4213 Taijia Marshall, IPDH #RDH3736 Katheryne Stinson, IPDH #RDH3580 Laura Marquis, RDH #RDH3677 Vanessa Valley, RDH #RDH4148 Mellssa Peltola, RDH #RDH4272 Dr. Chloe Elsenhaur, D.M.D. #DEN5125

HIPAA Compliance and Privacy Policy

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003.

There are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with dental and healthcare services. HIPAA provides certain rights and protections to you as the patient. Your provider balances these needs with the goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services, www.hhs.gov

Authorization for the Use and/or Disclosure of Healthcare Information

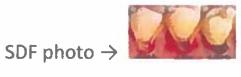
As part of your healthcare, your provider may create and maintain records describing your health history, symptoms, examinations, test, diagnoses, treatment, or any plans for future care or treatment.

Only as permitted or required by state and federal law, we may use your healthcare information to disclose, as may be necessary, your health information to other healthcare providers and healthcare entities (such as: referrals to or consultation with other healthcare professionals) or to others as may be required by law or court order concerning your treatment, payment and/or healthcare only with your permission.

I understand and acknowledge the above statements as true and consent to my provider's teledentistry practices & HIPAA compliance and privacy practices.

(Patient's Full Name)	(Parent/Guardian Full Name)	(Parent/Guardian Signature)
(Date)		

Informed Consent for Silver Diamine Fluoride (SDF)



THE BENEFITS OF SDF:

- SDF is a liquid antibiotic that can help stop tooth decay and relieve tooth sensitivity.
- SDF can help prevent the need for fillings or other more invasive treatment on a tooth
- SDF is easy to use and does not hurt. There is no need to numb or drill teeth.

THE PROCEDURE:

- The affected area of the tooth is dried.
- A small amount of SDF is placed on the affected area and allowed to dry for 1 minute.
- . There may be a metallic taste that will go away quickly.
- After application of SOF, no eating or drinking for one hour.

DO NOT USE SDF IF:

- THERE IS AN ALLERGY TO SILVER
- There are painful sores or raw areas on the gums or in the mouth.

RISKS RELATED TO SDF INCLUDE, BUT ARE NOT LIMITED TO:

- The affected area will stain gray to black permanently as shown in the photo. Healthy tooth structure will not stain, only the unhealthy area. This means the SDF is working.
- Tooth-colored fillings and crowns may discolor if SDF is applied to them. Normally this color change is temporary and can be polished off.
- If applied to the skin or gums, a brown stain may appear that causes no harm but will not immediately wash off. The stain will gradually disappear (within 1-3 weeks).
- SDF might not stop tooth decay and the decay process may progress. In that case the tooth will require further treatment such as repeat SDF, a filling, crown, root canal treatment, or extraction.

ALTERNATIVES TO SDF INCLUDE, BUT ARE NOT LIMITED TO:

- No treatment. May lead to worsening decay with continued deterioration of tooth structure, cosmetic appearance, and/or worsening symptoms.
- Depending on the location and extent of decay, other treatment may include placement of fluoride varnish, a filling, crown, extraction, or referral for advanced treatment.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT AND I HAVE HAD THE CHANCE TO HAVE ANY QUESTIONS ANSWERED.

cons	ent and authorize	Mainely	Teeth to use 5il	lver Diamine	Fluoride t	o help sto	op tooth decay.		
								 _	
	Student's Name		Parent/Lega	al Guardian N	lame		Signature	Date	

Patient Insurance Verification Form

Date:	Phone #:	-				
STUDENT'S Name:	DOB:					
SUBSCRIBER'S Name:	DOB:					
Subscribers Address:						
Relationship to patient:	Self Spouse Child Other Employer:					
DENTAL INSURANCE PLAN:_						
ID #:	GROUP #:					
(If you have MaineCare on	nly put the ID #}					
My child does not currently have an active dental insurance policy. I am requesting my child receive services free of charge. By signing below, I attest that my child does not have an active insurance policy. I understand that making a false certification may result in being discharged from Mainely Teeth Clinic and may subject me to civil or criminal prosecution under State and Federal Law. X						
out to you via p	l information. If we have an issue billing your insurance, shone, text or email. We may request more information able to get in touch with you, you will receive a bill in th	if needed. If				
Preferred method	d of contact: ☐ PHONE CALL ☐ TEXT MESSAGE ☐	E-MAIL				

If you have questions, please contact:
Abby Payson, Director of Off-Site Care
Mainely Teeth | 207.808.9498 | Abby@mainelyteeth.com