



7562 Old Rt 13 ♦ Marion, IL 62959  
(618) 993-8333 ♦ (618) 993-8335 fax  
contact@DentalSafariCompany.com

→ Coming to  
Waterloo School  
District  
4/25 + 4/26

New Option!!



### What's your cost ?

#### Medical Card –



If your child has the medical card or All Kids they may have two dental office visits per year in which an exam, cleaning, and Fluoride is covered 100%. Your child's Dental Safari Company appointment qualifies as a dental office visit!

Your child may be seen in the school at **NO COST**.

#### Private Insurance –

If your child has private dental insurance your child may be seen in the school setting. **Typically** there is **ZERO copayment** on the services that we provide: exams, cleanings, Fluoride and sealants. This is easily verifiable by phoning our office. (618) 993-8333.

2013-14 school year, we treated over 500 children with private insurance and none were required to pay anything out-of-pocket.

#### Grant –

Grant coverage is available for children who receive free or reduced lunch but do not have the medical card.

There is no cost for this service.

#### Cash / Checks – Credit Cards



NO PAYPAL ACCOUNT NEEDED!

In the event that your child does not qualify for any of the above, you may pay cash/check/credit card via PayPal for our services. Your child will receive an exam, cleaning, Fluoride and sealants where needed. The full price for this is \$128.

Visit website to use Credit Card / PayPal. [www.DentalSafariCompany.com](http://www.DentalSafariCompany.com)

If you are unable to pay the full charge, you may sign the waiver on the front of this form and pay the reduced fee of \$75.

## We can see every child !

# DENTAL CONSENT FORM



we're on facebook

Dental Safari Company,  
7562 Old Rt 13  
Marion, IL 62959  
(618) 993-8333  
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contact@DentalSafariCompany.com

School \_\_\_\_\_ Grade \_\_\_\_\_

County \_\_\_\_\_ Teacher \_\_\_\_\_

**Now! Can Fill Out / Submit Online!!**

### Parents/Guardian

DENTAL SAFARI COMPANY, a fully licensed, professional corporation, will be at your child's school. By signing this consent form, your child will receive a visual exam (no x-rays) by a licensed dentist, a cleaning, Fluoride, and sealants as needed.

**ALL CHILDREN ARE ELIGIBLE.** Please select the method of payment you would like to use (check one):

- Medicaid / All Kids (9-digit ID# required)
- Grant Fund - Child is on the free or reduced lunch program but has NO MEDICAL CARD #.
- Private Insurance - Most private insurance pays 100% on services we perform (questions: call (618) 993-8333)
- Cash (or Check) Payment (pick one)  Full Price \$128 [due with consent form]
- Credit Card / PayPal (go to website)  Reduced Fee (\$75 total, [due with consent form] *Must Sign Declaration below*)

www.DentalSafariCompany.com

### Cash Payment Declaration/Reduced Fee Waiver

For financial reasons, Parent/Guardian is unable to pay Full Price for dental services at this time.

\_\_\_\_\_  
(print name) signature date

Child's (legal) Name \_\_\_\_\_  Male  Female Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ **OK, to text?**  Yes  No e-mail: \_\_\_\_\_

Is Child Eligible for Free or Reduced Lunch?  YES  NO (9-digit # on back of Card)

Medical Card KidCare / All Kids Card RECIPIENT ID# \_\_\_\_\_

Does Your Child have PRIVATE Dental Insurance?  YES  NO

Primary Card Holder Name \_\_\_\_\_ Phone \_\_\_\_\_ Employer \_\_\_\_\_

Primary's Address \_\_\_\_\_

Primary's: Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_; Primary's Soc. Sec. #: \_\_\_\_\_

DENTAL insurance company \_\_\_\_\_ Insurance Company Phone \_\_\_\_\_

Member ID#: \_\_\_\_\_; Group #: \_\_\_\_\_

YES  NO **NEED FOR PREMEDICATION? \*\* IF YES - call (618) 993-8333**  
Does child need premedication with antibiotics for dental treatment?

### Optional: Photo/Video Release For Minor Child

\_\_\_\_\_  
parent/guardian  
child

I, as parent/guardian, of the above child, give permission to Dental Safari Company to take and use pictures/videos in promotional material with no compensation to me. **NOTE: Your child's name will not be used unless further permission is given.**

\_\_\_\_\_  
(signature)

### HEALTH HISTORY - PLEASE FILL OUT COMPLETELY

Has your child had any history of the following? Check ALL that apply:

- AD/HD  Blood Disorders  Diabetes  Heart  Speech Issues
- Allergies (seasonal)  Cancer  Ear Aches  Heart Murmur  Surgeries
- Asthma  Cerebral Palsy  Growth Problems  Pregnancy  Tobacco/Drugs
- Autism  Chronic Sinusitis  Hearing  Seizures  Other

Other (checked above) Please Describe: \_\_\_\_\_

YES  NO Is child allergic to ANY medication? list \_\_\_\_\_  
 YES  NO Is child taking ANY medications at this time?

YES  NO Has your child ever suffered injuries to the mouth, head, or teeth?

YES  NO Does child's home have well water?

**Interested in a 6-Month Recall appointment?**  
This includes: dental screening, cleaning, Fluoride and sealants by a Registered Dental Hygienist.

YES  NO  Undecided, need more information

**IMPORTANT: Parent / Guardian Consent**  
I am a custodial or legal guardian of the minor child named above. I authorize and consent to this child receiving the dental treatment described, and allow the school nurse/school representative and dental provider access to child's dental record.

Please Check to Certify  
 I understand that the Dental Screening performed by Safari's Public Health Dental Hygienist does not take the place of a dental examination performed by a Dentist.

\_\_\_\_\_  
signature date

SIGNATURE \_\_\_\_\_ (RELATION TO CHILD) DATE \_\_\_\_\_

\* By signing, you give permission to treat your child and understand your HIPPA rights.  
[HIPPA form can be reviewed at [www.DentalSafariCompany.com](http://www.DentalSafariCompany.com), or a copy can be sent to you by using DENTAL SAFARI COMPANY'S contact information in upper-right corner of this Consent Form]  
\* Also, gives HFS permission, QA Audits and providers to return to your school and re-check child's sealants.

My child, \_\_\_\_\_

Has permission to ride with a school employee, using a school vehicle to attend the annual Dental Clinic at Gardner or Zahnow Elementary. This will be done in the event of rain or if attending the clinic at a different school or date is necessary.

The clinic is only held at two different sites over 2 different days. They do not have clinics set up in each building.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Relationship to student \_\_\_\_\_

Please let me know if you have any questions regarding this matter.

Sincerely,  
Carolyn Sabo, RN  
District School Nurse