Bridging Brighter Smiles Enrollment Form

Questions? Please feel free to call (262) 896-9891
Scan and email forms to enrollment@bbsmiles.org or Fax forms to (262) 347-4449

Name of School: _____

Student Enrollment

☐ **Yes, please enroll my dependent.**

First Name:_____ **Last:**_____ **Middle:**_____

Date of Birth:_____ **Sex:** ☐ **Male** ☐ **Female**

Type of Dental Insurance: ☐ **BadgerCare/Forward Health** ☐ **No Insurance** ☐ **Other**

Parent/Guardian First Name:_____ **Last:**_____

Primary/Day Phone:_____ **E-mail:**_____

Address:_____

City/State/Zip:_____

Student Health History

If yes please explain, be specific.

Does your dependent have any allergies? (Bridging Brighter Smiles is Latex Free):_____ ☐ YES ☐ NO

Has your dependent been diagnosed with a physical or mental disability?_____ ☐ YES ☐ NO

Does your dependent require an antibiotic prior to dental procedures? (i.e. due to a heart condition) ☐ YES ☐ NO

Does your dependent use medicine prescribed by a doctor?_____ ☐ YES ☐ NO

Authorization

I understand that by signing this form, initial and ongoing preventative oral care treatment will be provided for my dependent. This consent is good for two school years. I have the ability to dis-enroll at any time by written withdrawal of consent. I authorize BadgerCare/Medicaid insurance payments for services rendered to Bridging Brighter Smiles, Inc. and agree to pay any BadgerCare/Medicaid copays. If my dependent is not insured through BadgerCare/Medicaid insurance, I agree to pay the attached standard fees for services rendered.

Parent/Guardian Signature:_____ **Date:**_____

Initial Here

☐

I acknowledge that I have received or have been offered a copy of Bridging Brighter Smiles, Inc.'s Notice of Privacy Practices. I understand that I may get a copy of the Notice of Privacy Practices by visiting the Bridging Brighter Smiles, Inc.'s website at http://bridgingbrightersmiles.org/forms/, or from contacting the visit coordinator at any school location Bridging Brighter Smiles, Inc. provides care.

It is still strongly recommended that you seek out a dental home (family dentist) for routine dental care including any follow up care which may be recommended by this school based oral health program.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: June 18, 2018

PURPOSE

Bridging Brighter Smiles, Inc. ("Bridging Brighter Smiles") is required by law to maintain the privacy of your health information in accordance with federal and state law. This Notice of Privacy Practices ("Notice") outlines our legal duties and privacy practices with respect to health information. We are required by law to provide you with a copy of this Notice and to notify you following a breach of your unsecured health information.

We will abide by the terms of this Notice. We reserve the right to make changes to this Notice as permitted by law. We reserve the right to make the new Notice provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Each version of the Notice will have an effective date listed on the first page. If we change this Notice, you can access the revised Notice on our website (http://bridgingbrightersmiles.org/forms/) or from contacting the visit coordinator at any school location Bridging Brighter Smiles provides care.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The following categories describe the ways that we may use and disclose your health information without your written authorization.

Treatment. We may use and disclose your health information to provide you with medical treatment and services. For example, your health information may be disclosed to physicians, nurses (including school nurses), or other health care providers who are involved in your care so that they may coordinate or manage your health care services or to facilitate consultations or referrals as part of your treatment.

Payment. We may use and disclose your health information to obtain payment for the services we provide to you. For example, we may disclose your health information to seek payment from Wisconsin's Forward Health (BadgerCare) program.

Health Care Operations. We may use and disclose your health information to conduct certain of our business activities, which are called health care operations. These uses and disclosures are necessary to run our business and make sure our patients receive quality care. For example, we may use your health information for quality assessment activities, general administrative activities, and for other essential activities. We may also disclose your health information to third party "business associates" that perform various services on our behalf, such as billing and IT services. In these cases, we will enter into a written agreement with the business associates to ensure they protect the privacy of your health information.

Family Members and Friends for Care and Payment and Notification. If you verbally agree to the use or disclosure and in certain other situations, we may make the following uses and disclosures of your health information. We may disclose certain health information to your family, friends, and anyone else whom you identify as involved in your health care or who helps pay for your care; the health information we disclose would be limited to the health information that is relevant to that person's involvement in your care or payment for your care. We may use or disclose your information to notify or assist in notifying a family member, personal representative, or any other person responsible for your care regarding your location, general condition, or death. We may also use or disclose your health information to disaster-relief organizations so that your family or other persons responsible for your care can be notified about your condition, status, and location.

Required by Law. We may disclose your health information when required by law to do so.

Public Health Reporting. We may disclose your health information to public health agencies as authorized by law. For example, we may report certain communicable diseases to the state's public health department.

Reporting Victims of Abuse or Neglect. We may disclose health information to the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence. We only make this disclosure if you agree or when we are required or authorized by law to make the disclosure.

Health Care Oversight. We may disclose your health information to authorities and agencies for oversight activities allowed by law, including audits, investigations, inspections, licensure and disciplinary actions, or civil, administrative, and criminal proceedings, as necessary for oversight of the health care system, government programs, and civil rights laws.

Legal Proceedings. We may disclose your health information pursuant to a court order if you are involved in a legal proceeding. Under most circumstances when the request is made through a valid subpoena, a discovery request, or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.

Law Enforcement. We may disclose your health information to a law enforcement official for certain specific purposes, such as reporting certain types of injuries.

Research. Under certain circumstances, we may disclose your health information to researchers who are conducting a specific research project. For certain research activities, an Institutional Review Board (IRB) or Privacy Board may approve use and disclosures of your health information without your authorization.

To Avert a Serious Threat to Health or Safety. If there is a serious threat to your health and safety or the health and safety of the public or another person, we may use and disclose your health information in a very limited manner to someone able to help lessen the threat.

Bridging Brighter Smiles, Inc.
Coverage Information

Questions? Call (262) 896-9891
www.bridgingbrightersmiles.org

Forward Health (BadgerCare) Card Accepted!

Initial and ongoing preventative oral care treatment **is covered** for students with the Forward Health (BadgerCare) Card.

If Your Dependent Does Not Have the Forward Health (BadgerCare) Card See Fees Below

(PLEASE NOTE: Bridging Brighter Smiles Does Not Accept Private Dental Insurance.)

Oral Screening	$15.00
Cleaning	$32.00
Fluoride Application	$18.00
Sealants	$25.00/Tooth

Fees are subject to change without notice.

For private or no dental insurance participants your dependent will receive a screening, cleaning, and fluoride varnish application on average every 6 months. Please notify us if you would prefer services one time per school year only.

Prior to sealant placement you will be contacted by the Bridging Brighter Smiles coordinator for prior authorization.

BRIDGING Brighter Smiles