



Dear Families,

We are pleased to inform you that we have established a partnership with Mainely Teeth, implementing a Virtual Dental Home model that will provide oral health services to your child. Mainely Teeth offers dental services that come right to your child's preschool/child care!

On scheduled days throughout the year, a Mainely Teeth Hygienist will spend the day at your child's school where they will provide routine dental screenings, preventive services and simple dental treatments to children who are eligible and have been signed up ahead of time.

Using teledentistry technology, the Hygienist will then share information gathered at your child's visit, including results of their findings and photos of your child's teeth, with a Dentist employed by Mainely Teeth. The Hygienist and Dentist 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! Most children's dental needs can be met at these on-site visits, but Mainely Teeth will work with your family to schedule further treatments if necessary.

Your child is eligible to receive this service if they have not received routine, preventive dental care in the last 6 months. Dental insurance, including MaineCare, will be billed for this service if your child has it. If you do not have dental insurance and would like your child to receive this service, they are still eligible. Mainely Teeth will provide the service at no cost to your family with the support of grant funding.

Sincerely,

Promise Early Education

Frequently Asked Questions

What is a Dental Home?

Your child's dental home is considered the office/clinic where they are registered and primarily receive ongoing oral health care. Having a consistent dental home ensures a growing relationship between the dentist/hygienist, and the patient/family. It is a goal to connect children to a dental home if they do not have one. Your child will have a dental home with Mainely Teeth if they take part in this clinic! Because our home base is located an hour away from your location, we have established a referral process to a local clinic near you on an as needed basis.

Is it safe to receive dental care during the COVID-19 pandemic?

Yes! All dentists and hygienists must follow safety guidelines that require them to wash their hands and sterilize tools. All staff have been vaccinated. The Mainely Teeth team will work to prevent the spread of germs by disinfecting all surfaces and tools between visits.

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 Family Service Advocate and filling out the permission forms included in this packet. If needed, they will help you fill out the paperwork needed to secure your child's spot. Priority will be given to children who do not have scheduled upcoming appointments and are not established with a dental home.

Can I accompany my child to their dental visit at preschool/child care?

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.

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. Be sure to tell your child's Teacher or Family Service Advocate if your child has been seen in the last 6 months or has an upcoming appointment. You will likely 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 because priority will be given to children who are not yet registered with a dental home and/or who do not have scheduled appointments. 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 this may affect your ability to be reimbursed for a visit that takes place within the next 6 months.

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. Mainely Teeth provides a safe, comfortable environment for children of all ages, and the hygienist will take their time with each patient, explaining all of the tools and processes to alleviate any fear! 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 work with Mainely Teeth 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 Name: _____

Date of Birth: _____/_____/_____ Classroom/Center: _____

Parent email: _____ Parent Phone #: (_____) _____ - _____

Dear Parent(s):

Mainly Teeth will be visiting your child's school to offer **dental screenings, teeth cleanings, x-rays, fluoride varnish application, dental sealants, Silver Diamine Fluoride application and Glass Ionomer temporary fillings** (see attached permission form).

- **Screenings** are a simple visual exam of the teeth and mouth.
- **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 bacteria and food that can cause cavities and there is very good evidence that they are one of the best ways to prevent tooth decay.
- **Silver Diamine Fluoride** is a topical medication used to treat and prevent dental caries and relieve dental hypersensitivity (*see next page for more info*)
- **Glass Ionomer 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.

Yes, I give permission for my child to have all of the initialed services below:

Service	Initial Below
Dental Screening	x
Dental Cleaning	x
Dental XRAYS	x
Fluoride Varnish	x
Sealants (as needed)	x
Glass Ionomer Temporary Fillings (as needed)	x

Does your child have any **ALLERGIES**? Yes No

If **YES**, please explain: _____

Does your child have any **MEDICAL CONDITIONS AND/OR TAKE MEDICATIONS**? Yes No

If **YES**, please explain: _____ (attach list of medical conditions and medications)

I hereby give Mainly Teeth permission to treat my child. By signing below I acknowledge that Mainly Teeth will provide preventive care only at school-based appointments. As requested, we can establish care with a dentist employed by Mainly Teeth at our brick and mortar office for yearly routine comprehensive/periodic exams, and all other needed dental services; excluding orthodontic treatment, complex oral surgery, implants or veneer services. If we are unable to provide the treatment needed, patients will be given a specialist referral.

Guardian Signature X _____ DATE: _____

Your child's information will be safeguarded according to Mainly Teeth's Privacy Policy (a copy is available at your request) and all applicable HIPAA laws.

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.Emily Burns, D.M.D #DEN4577 Dr.Angela Hastings, D.M.D #DEN4517 Dr.Jenny Burnicini, 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 Brittney Maculey RDH #RDH4453 Lauren Durell, IPDH RDH#4213 Robyn Shafer, RDH #RDH4443 Tajjia Marshall, IPDH #RDH3736 Paige VanDenise, RDH #RDH4198 Kathleen Kersey, RDH #RDH4240 Katheryne Stinson, IPDH #RDH3580

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)

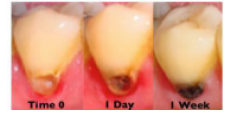
(Parent/Guardian Signature)

(Date)

Your child's information will be safeguarded according to Mainely Teeth's Privacy Policy (a copy is available at your request) and all applicable HIPAA laws.

Informed Consent for Silver Diamine Fluoride (SDF)

SDF photo →



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 SDF, 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.

I consent and authorize Mainely Teeth to use Silver Diamine Fluoride to help stop tooth decay.

Student's Name

Parent/Legal Guardian Name

Signature

Date

Your child's information will be safeguarded according to Mainely Teeth's Privacy Policy (a copy is available at your request) and all applicable HIPAA laws.

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 only 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 _____

Please include all information. If we have an issue billing your insurance, we will reach out to you via phone, text or email. We may request more information if needed. If we are unable to get in touch with you, you will receive a bill in the mail

Preferred method of contact: PHONE CALL TEXT MESSAGE E-MAIL

If you have questions, please contact:

Cheryl Anglin, Office Manager or Jenna Fabiano, Billing Specialist
Mainely Teeth | 207.808.9498 | cheryl@mainelyteeth.com | jenna@mainelyteeth.com

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