

INSURANCE INFORMATION

You do not need to have insurance to participate.

If your child has a regular dentist, please have him/her continue seeing their dentist and do not participate in this program. Services provided by the portable dental program will affect insurance coverage for other dental visits.

If you have dental insurance, dental services will be billed to the insurance company directly and parents/guardians are responsible for deductibles and co-payments. Children without dental insurance will be billed at the Medicaid reimbursement rate and parent(s) are responsible for billing amount.

NC MEDICAID

NC Medicaid Number

__/__/__/__/__/__/__/__/__/__/__/__

PRIVATE DENTAL INSURANCE

Dental Insurance Company Name

Subscriber's Name (First, Middle Initial, Last)

Subscriber's Address (City State Zip)

__/__/__-__/__/__-__/__/__/__

Subscriber's Date of Birth (month / day / year)

Subscriber's Dental Insurance ID Number or Social Security Number

Group Policy Number

Name of Subscriber's Employer

(____)____-____-____
Insurance Company Telephone #

Insurance Company Address (City State Zip)

TREATMENT DETAILS

The dental program is available to all students.

Services are provided by licensed dentists, licensed hygienists, and certified dental assistants. In some cases, dental students may accompany the dental professionals to provide educational and preventive services.

All patients will receive an oral health screening, a fluoride treatment, and oral hygiene instruction by the dental provider.

Some patients will receive televisits for emergencies.

Most patients will receive an exam, treatment plan, dental cleaning, dental sealants, and x-rays as needed.

Some patients may need to be scheduled for further dental treatment or specialty services and will be referred to a dental provider in your community.

Referrals are dependent upon the extent of the dental disease as well as the behavior of the patient.

Informed consent indicates your awareness of sufficient information to allow you to make an informed personal choice concerning the patient's dental treatment. Most patients do not encounter any difficulties with their treatment. In rare instances, a patient may experience some discomfort or pain. If the patient indicates any resistance to the dental procedure, we will discontinue the treatment

The Tell-Show-Do technique is often used to gain the cooperation and confidence of the dental patient. The dental provider explains what they are going to do then shows what they are going to do with instruments on a model. The provider makes every effort to be a partner in care with the patient and family making the dental visit pleasant and informative.



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Great News!!!

Your child can receive the following DENTAL SERVICES at school:

- Dental Screening
- Dental Exam and Diagnosis
- Oral Hygiene Instruction
- Fluoride Treatments
- Dental Cleaning
- Dental Sealants
- Dental X-Rays

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