HealthHUB School Clinic

Gifford Health Care

PO Box 542
South Royalton, Vermont 05068
(802) 431-6060

Adult Dental Hygiene Enrollment Form

HealthHUB is a nonprofit organization with a mission to improve access to essential healthcare. Our dental hygiene program is a collaboration with Gifford Health Care. Dental hygiene services provided include preventative dental cleanings, oral evaluations, necessary x-rays for all ages, and also include fluoride treatments and sealants for children. Dental hygiene services are provided out of our mobile facility that travels to the towns of Bethel, Chelsea, Randolph, Rochester, Sharon, South Royalton, Strafford, Tunbridge, Washington and Williamstown.

Your dental insurance including Medicaid will be billed or you may self-pay. It is necessary to provide your insurance information on the back of this form. If you have had your teeth cleaned within the last 6 months, you will not be eligible for insurance coverage. If you need information on enrolling in VT Medicaid coverage, please feel free to ask. The fee schedule is posted on the HealthHUB website at healthhubvt.org, under the dental tab on the left. **Please complete the reverse side of this paper ENTIRELY and return it to HealthHUB, PO Box 542, South Royalton VT 05068.**

We have a different form for children. Please contact your school nurse for information about signing your children up for services. If you are interested in our program for your homeschooled children, please contact us at (802) 431-6060.

If you have any questions, you may contact our dental hygienist, Janine, at janine@healthhubvt.org or leave a message at (802) 431-6060 ext 1. Thank you for giving yourself the opportunity to maintain a healthy, happy smile for a lifetime of wellness!

2018-2019 Adult Dental Enrollment Form

By signing this form and enrolling in HealthHUB's dental program, I consent to:

- Treatment performed by the dental hygienist is limited in scope, according to the Vermont Statutes and Rules of dental hygiene scope of practice, and that it does not take the place of a regular dental examination or treatment by a licensed dentist.
- The dental hygienist works collaboratively with your dentist and medical care provider with whom communication, records and x-rays may be shared and will be kept confidential. If you do not have a dentist, a referral may be made with communication, records and x-rays shared in a confidential manner for your continuum of care.
- Dental records for services provided by the dental hygienist will be reviewed by a VT licensed dentist in which the dental hygienist holds a general supervising agreement.
- It is my responsibility to follow up with any treatment or examination, by a DENTIST, that the dental hygienist recommends.
- It is my responsibility to pay HealthHUB for services rendered, if I do not have Medicaid or private dental insurance. If I am referred by a Gifford Health Care medical provider, I may qualify for their sliding fee scale and this fee will be paid to HealthHUB. I also understand that I will pay any co-pays with private insurance.

( ) Yes, please enroll me to receive dental hygiene care with HealthHUB. *(Includes up to 2 oral health screening and 2 cleanings within the year, including necessary x-rays)*

Name_____ Date of Birth_____
Address_____Town_____ZIP_____
Daytime phone (____) _____ E-mail_____
Medicaid ID#_____ Date of last dental cleaning and/or x-rays_____

Private Dental Insurance Information - Please attach a copy of your insurance card.

Insurance Company Name:_____ ID#_____ Grp#_____
Ins. Co. Address:_____ Ins. Co. Phone #_____
Subscriber Name_____ Date of birth_____
Subscriber's Employer_____
Employer's Address _____

Name of dentist:_____
Name of medical provider (PCP):_____
I qualify for Gifford Health Care's Sliding Fee Scale and have a referral from my PCP: YES NO

Signature_____Date_____

I, _____, give my permission for HealthHUB to share my dental hygiene records with my dentist and medical provider. If I do not have a regular dentist, a referral may be made to a dentist which will include information about the dental hygiene visit. I have reviewed the HIPPA/Privacy policy.
Signature: _____Date:_____