

EARLY CHILDHOOD PROGRAMS DENTAL EXAMINATION FORM

Central Nebraska Community Action Partnership (CNCAP)

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Phone: 308-745-0780 – Fax: 308-745-0824

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Child's Name:	Date of Birth:	Date of Exam:
Parent/Guardian:		
Dentist's Name:	Phone number:	
Clinic's Name (if different)	Fax number:	
Clinic's address:	City, State & Zip Code:	
This practice is the child's dental home: [] Yes [] No		

Billing/Payment Source (see pg. 2 for allowable services):
 Medicaid # _____
 Private Dental Insurance
 CNCAP Early Childhood Programs (please attach itemized billing statement)

DENTIST: Please check all that apply (If this child has been in for an exam in the past SIX MONTHS, PLEASE DO NOT RE-EXAMINE, simply submit the findings from the previous exam and continue with your recommended exam schedule)

Current Oral Health Status:

Does the child have any teeth with untreated decay? [] Yes (decay), how many ____ [] No (decay free)

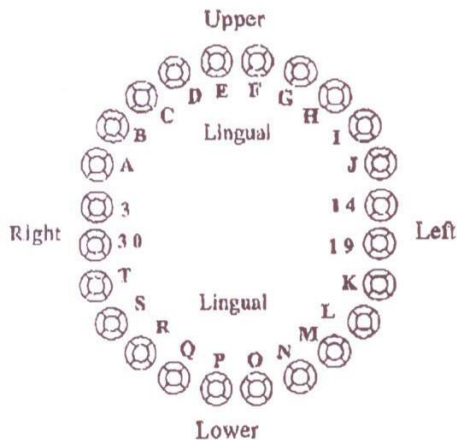
Gum and supporting tissues: [] Normal & Healthy [] Slight Inflammation (gingivitis)
[] Moderate Inflammation (gingivitis) [] Advance disease (periodontitis)

Diagnostic and Preventive Procedures Performed During Visit:

[] Clinical Examination [] Prophylaxis [] X-Rays [] Fluoride application
[] Referral to Specialist (Name & Phone number) _____

Recommendation:

[] No further treatment recommended at this time
Treatment completed at visit: [] Yes [] No Next cleaning date: _____
More appointments needed for treatment? [] Yes [] No
If Yes: Approximate number of appointments needed: ____ Next appointment: Date _____ Time: _____



Please indicate the condition of the child's teeth on the chart to the left using the keys below.



I hereby certify that the services above have been performed and was necessary for the oral health of this child.

Signature of Attending Dentist _____ Date of Signature _____

The Central Nebraska Community Action Partnership (CNCAP) Early Childhood Programs provides limited treatment for our children, ages 3-5. ***Thank you for helping us provide dental services for the children in our Early Childhood Programs.***

Federal guidelines **WILL NOT allow us to pay on any child who has Medicaid.** CNCAP Early Childhood Programs is required to reimburse according to the **MEDICAID FEE SCHEDULE.**

CNCAP Early Childhood Programs **can pay** for:

- Dental Exam
- Topical Fluoride Treatment
- Routine bite-wing radiographs if deemed necessary
- Routine prophylaxis

CNCAP Early Childhood Programs **CANNOT PAY** for the following:

- Panoramic radiographs
- Oral hygiene instruction
- Routine bite-wing radiographs (if deemed unnecessary)

IF ANY DENTAL FOLLOW UP IS REQUIRED, THE WORK MUST BE PRE-APPROVED BY THE CNCAP EARLY CHILDHOOD PROGRAMS BEFORE FOLLOW-UP WORK CAN BE COMPLETED.

The following is a listing of services that **can also be paid AFTER pre-approval** through Early Childhood Programs:

- Services required for the relief of pain
- Restoration of decayed teeth as follows:
 - All permanent teeth
 - Primary teeth - only molars and cuspids
 - Pulp therapy - when indicated to save permanent teeth or primary molars
 - Extractions - only when pain or infection is present
 - Space maintainers - molars only
 - Restoration of primary incisors

If dental follow-up is needed, it is extremely helpful if it can be completed within 60 days of approval.

Federal guidelines require us to have documentation of completed dental services in each child's file regardless of payment method. Please use your established procedures for all reimbursement claims.

If you have any questions, you may call (308) 745-0780 Ext.165.