



Happy Smiles can bring the Dentist to you!

Our licensed Mississippi General Dentists and staff will come to your school and provide preventative care for children of all ages. We bring trained professionals, equipment, and toothbrushes! You bring the kids!

- We have a physical location at 101 N. Industrial Rd. Tupelo, where we have been treating children since 2012.
- We have 3 full time dentists and we staff over 15 local dental assistants and hygienists.
- Providing Dentists include, Derek Clemmer, DMD (MS General Dentist and Managing Provider) and Jason Leach, DMD.
- We are the only locally owned dental practice providing mobile dentistry in this service area.

Our mobile dental services are convenient and appreciated by busy parents. The one page consent form can be completed online or sent home and returned. Each child will receive an exam, x-rays, cleaning and fluoride. Any patient requiring additional treatment, will receive a call from our dedicated Mobile Coordinator to schedule an appointment in our Tupelo office. If any child has an emergency or is in pain, we are local and can get a child in the same day for treatment.

We gladly accept MS Medicaid and CHIP as well as private insurance. For those patients without insurance, we provide a complimentary exam and cleaning. All patients are sent home with an oral hygiene kit to include toothbrush, toothpaste and floss.

We are happy and proud to serve our community and look forward to serving your school in the near future. To schedule a mobile dental visit, please contact: Dianna Morrow at 662-420-4036 or diannamorrow@just4grinsdentistry.com. Thank you for caring about the dental health of your students.

Sincerely,

Derek Clemmer, DMD

Jason Leach, DMD

101 N. Industrial Blvd., Suite H Tupelo, MS 38801
Telephone 662-680-3383 Fax 662-680-4745
www.happysmilestupelo.com



HAPPY SMILES DENTISTRY

101 North Industrial Rd. Tupelo, MS 38801



MOBILE DENTAL SCREENING CONSENT FORM

PLEASE COMPLETE THIS FORM AND RETURN TO YOUR CHILD'S SCHOOL

The Happy Smiles Mobile Dental Unit will be serving your child's school. It is very important that children see the dentist every 6 months to maintain good oral health and to discuss the importance of proper oral hygiene. Our mobile dental services now give your child the opportunity to receive a comprehensive dental exam, including radiographs, cleaning, fluoride, and sealant application by one of our Mississippi licensed dental providers without you having to schedule an appointment in the office. This consent form is effective for one school year. After your child's visit, your child and their school will receive a dental report card to bring home that lists what services were provided that day and any additional information. If your child is in need of treatment, a member of our team will call you within 72 hours to schedule an in-office appointment.



PATIENT INFORMATION

CHILD'S NAME _____ CHILD'S DATE OF BIRTH _____

GENDER ___ M ___ F PHONE NUMBER _____ SCHOOL _____

ADDRESS _____ CITY _____ ZIP _____



INSURANCE INFORMATION

___ MEDICAID/ UHC/ ENVOLVE/ MOLINA – ID NUMBER _____

___ PRIVATE DENTAL INSURANCE – POLICY/ID NUMBER _____ GROUP NUMBER _____

POLICY HOLDER NAME _____ POLICY HOLDER DOB _____

___ UNINSURED



HEALTH HISTORY INFORMATION

- Please indicate if your child has had any of the health problems listed below (please check all that apply):

___ Diabetes ___ Asthma ___ Behavior Problems ___ Anemia ___ Sickle Cell

___ Other (explain): _____

- Is your child allergic to any food or medication? Please list: _____
- Is your child currently taking any medications? Please list: _____
- Is your child allergic to Latex? Yes/No: _____
- Does your child have any dental pain or concerns? _____

___ Yes, I would like my child to have a dental assessment.

___ No, I do not want my child to participate.

I hereby consent, on behalf of my child, to receive the dental services described above that are deemed necessary. I understand that the dental services will be provided at no additional cost to me or the agency. I understand that, if eligible, Happy Smiles Dentistry will bill my dental insurance for the services rendered.

Parent/Guardian Name (please print): _____ Relation to child: _____

Parent/Guardian Signature _____ Date: _____



March 6, 2019

MEMORANDUM OF UNDERSTANDING

A. The purpose of this Memorandum of Understanding (hereinafter “MOU”) is to establish a collaborative relationship between Happy Smiles Dentistry (“HSD”), and **Milam Elementary**, hereinafter referred to as the “Parties”.

This MOU further documents the understanding and agreement between the Parties, and to delineate and make clear the intent to establish a mutually beneficial relationship in which HSD will offer mobile dental care to **Milam Elementary School**. Please note, *this is not a legally binding contract, and both Parties hereby stipulate that no ownership, nor guarantee of ownership/membership is hereby conveyed.*

B. HSD exists because every child, regardless of their family income, deserves patient focused dentistry in a fun, upbeat environment. Our core values are showing Compassion towards our patients and staff, being Authentic and transparent in our approach and being Team Players. HSD opened our North Mississippi location (101 North Industrial Rd. Tupelo, MS) in 2012 and continue to maintain that facility.

C. HSD is locally owned and operated by Mississippians. Our managing dentist is a Mississippi resident. We are heavily involved in Lee County and believe in giving back to the community. HSD supports the local Chamber, Headstart programs, Public library, Church groups, Day Cares, Health Fairs, and anything/everything related to kids. HSD has a dedicated Community Relations Specialist that ensures we are active and visible in the community. **HSD will also serve as a dental home for families that are not currently connected with a dentist.**

D. It is understood that HSD will come to the parties facility and offer exam, xrays, cleaning, fluoride, sealants (as needed per child) through our mobile dental/portable dental units. HSD will create a treatment plan for the child and offer a comprehensive explanation of what the dentist has diagnosed at this particular visit.

E. HSD will bill the child’s insurance for services rendered (Medicaid or Private Insurance) and will be willing to see non insured children as a pro bono service.

F. Dr Jason Leach, DMD will be the primary mobile unit provider (or another dental partner from our offices). He is a general dentist who resides in the Mississippi area. We have a physical location in Tupelo which will allow us to offer in-office care, if needed, for all the patients seen. HSD will bring 1-3 registered dental assistants or a hygienist to assist him in the exams. If the child needed additional care, they would visit our brick and mortar locations (so as not to go back to school numb or swollen or in pain from dental operative work). One main objective is to help reduce school absences from students. Our mobile interface will speak to our office location dental software; thus, all xrays and treatment records are stored (and if follow up treatment is required, no new patient exam or extra dental exams are required).

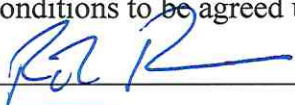
G. HSD will bring the 2-3 mobile/portable chairs to your facility. HSD would just require a standard size room with electricity to provide the dental services (a gymnasium works well too). Our dental vacuum, compressor, etc requires just standard electricity. They will require approximately 30 minutes to get the units set up and then taken down.

H. HSD and all its providers are licensed MS general dentists. The team who will visit your location resides in Mississippi and are all certified and approved by the appropriate Board, rules or regulations. All equipment has been approved and is in good, working conditions. HSD is covered by general liability insurance and malpractice insurance (and we can add any facility to our declarations page).

I. HSD will provide all dental supplies and equipment. HSD will have all paperwork needed for handouts and HIPPA compliant records will be kept electronically.

J. The HSD location in Tupelo are seeing approximately 75-90 patients per day. Depending on the number of students, we would see your **students** over a 1-3 day period.

K. Both Parties hereby acknowledge and agree that this is not a legally binding contract. This Memorandum of Understanding shall be superceded by any contracts agreed upon. This document will not be incorporated by reference and shall in no way effect the terms and conditions to be agreed upon in the operating agreement.



MES Rep.

HSD Member

Date

Date