



## Instructions to Parent or Guardian and Dentist

### ***DENTAL CARE FOR CHILDREN WITH SPECIAL NEEDS***

1. Parent or Guardian must complete Form #1 (parent/guardian form). The next step is to locate the local Grotto representative (Dr of Smiles) to obtain Form #2-Attending Dentist Pre-Treatment Estimate form, the attending dentist needs to complete. To locate a Grotto representative, you can go to our web site: [www.hfgrotto.org](http://www.hfgrotto.org). If there is no Grotto or Dr of Smiles in your state, please contact the Humanitarian Foundation Office at: 614-933-0711 to obtain Form #2 and for assistance in the processing of your application.
2. The parents select the Dentist of their choice, make an appointment for an evaluation to determine the dental work needed and secure an estimate of charges for the proposed work. **PLEASE NOTE: Any work proposed as well as charges, must be evaluated and approved by the Humanitarian Foundation - Dental Program, BEFORE treatment is started, with the exception of the initial exam, prophylaxis, fluoride and x-rays.** Charges for the initial examination will be paid, regardless of the disposition of the application, providing the child qualifies for the program.
3. The Dentist must complete all items and spaces on Form #2. The Dentist's office can print off a separate pre-treatment estimate, which needs to be attached to Form #2. The form must have the local Grotto representative's signature. When no local Grotto/Dr of Smiles is available the Humanitarian Foundation Office will process the paperwork directly. All forms, including the pre-treatment estimate of services needed, with charges, must be submitted for approval PRIOR to actual treatment. At the bottom of Form #2, space is provided for estimated hospital and anesthesia costs along with estimated time needed. This space **must** be completed if the work is to be done in the hospital and any of these charges are to be covered by our dental care program.
4. Completed Forms #1 and #2 are then to be given to the local Dr of Smiles (Grotto representative) for sponsorship by the local Grotto. He will promptly submit them to the Humanitarian Foundation Office for approval of the application. When no local Dr of Smiles is available, completed forms should be sent to the Humanitarian Foundation Office, 430 Beecher Rd., Gahanna, OH 43230-1797, for approval of the application. The dentist will be notified directly of the application's status, after which the dental office will contact the parent and hospital/anesthesia, when applicable to set the appointment(s).
5. The Doctor of Smiles of the sponsoring Grotto will assist the parents if any problems arise or if they have any questions, please feel free to contact him, when no Grotto is available, please contact the Humanitarian Foundation Office directly.
6. **Orthodontia, Major Jaw Surgery, Implants and Facial Re-constructive surgery are excluded under this Dental Program.**

The Dental Care for Children with Special Needs Program is made possible, primarily through the generosity of the members along with family and friends of the Grottoes of North America, a Masonic affiliated organization, through its Humanitarian Foundation with the cooperation of local Dentists and Hospitals. When insurance coverage is available for any portion of the billing, the Humanitarian Foundation is ALWAYS the secondary carrier, with the exception of Medicaid recipients, which often have full dental benefits (payment in full).

Sincerely,  
Dianna Bristle, Administrative Director  
Dental Care for Children with Special Needs