

# Medical Associates Plus



**“The Smile Connection”**

**Medical Associates Plus has partnered with your child's school to offer full service in-school dental and medical care.**

**Medical and dental care is provided by local experienced licensed medical providers and dentists in our fully equipped mobile office.**


**We accept all public and most private insurances. We also provide care to those that are uninsured, based on income and family size.**

## **Why Choose Medical Associates Plus?**

- In-school dental/medical care saves you from taking time off
- Simple enrollment process
- Receive quality affordable care
- Multiple services offered and Follow-up care available
- Medical: On-site well child visits and physicals
- Dental: On-site exams, x-rays, cleanings and more

**Complete the enrollment form and return it to your child's school  
If you have questions, please contact us at (706) 941-5860**

**To register online:  
Go to [mapbt.com](http://mapbt.com), find the  
“Services” tab and look up  
“Mobile Health Services”**

**MEDICAL ASSOCIATES** *Plus*  
THE ROAD TO HEALTHY 

**2467 Golden Camp Road  
Augusta, GA 30906  
(706) 941-5860**





Greetings:

Medical Associates Plus provides medical/dental care to children K-12 in Greater Augusta and the CSRA on our mobile unit and on-site medical center.

For medical care, you can elect to continue care with your current physician and/or have your child seen for child visits on the mobile unit. We will provide dental care for those who are not regularly seen by a local dentist for treatment and check-ups. For dental care, we provide comprehensive care on our mobile unit: cleanings, sealants, oral exams, and x-rays. In addition to comprehensive care, Medical Associates Plus at Belle Terrace dental clinic provides pediatric treatment that include fillings, pediatric crowns, space maintenance, and extractions. We accept Medicaid, PeachState, Georgia and South Carolina Medicaid, and cash. Reasonable self-pay prices are available for uninsured children.

The enrollment/medical history forms are given to the teachers/administration. We will retrieve the forms that have been completed by the parents/guardian. We will schedule a day to provide services for your child at his/her school. The rest of this packet contains literature about our In-School Mobile Medical/Dental Program. Our website contains additional information. The website is [www.mapbt.com](http://www.mapbt.com).

If you have any further questions after reviewing our packet, please to contact us at (706) 941-5860.

Sincerely,

MAP In-School Mobile Team

# **MAP'S IN-SCHOOL MOBILE MEDICAL/DENTISTRY FAQS**

## **1. CAN MY CHILD WHO HAS A LOCAL DENTIST OR PHYSICIAN BE SEEN?**

You can elect to continue care with your current physician and/or have your child seen for a child visit on the mobile unit. A child who already has a local dentist should continue to be regularly seen by that dentist for routine check-ups and treatment.

## **2. HOW CAN MY CHILD TO BE SEEN IN THE MOBILE DENTAL/MEDICAL CLINIC?**

Enrollment forms are sent out twice during the school year. Please call MAP, if you would like more enrollment forms. The second time around medical histories are updated, and new students will be given a chance to sign up for the program. The forms will be given to your child at school. Parents must sign and return the form to the school to receive mobile services for their child.

## **3. WHO WILL BE PROVIDING THE MEDICAL/DENTAL SERVICES ON THE MOBILE UNIT?**

Medical providers and dentists from Medical Associates Plus, with pediatric experience, will be providing services for your child.

## **4. WHAT KIND OF TREATMENT WILL MY CHILD RECEIVE ON THE MOBILE UNIT?**

Dental: Your child will receive a comprehensive examination, x-rays, cleaning, and sealants (on an individual basis).

Medical: Your child will receive well child visits and sports physicals

MAP also offers behavioral health services including mental health services.

## **5. ARE THERE FORMS IN SPANISH FOR CHILDREN/PARENTS WHO ONLY SPEAK SPANISH?**

Yes, this packet includes literature and forms in English and Spanish

## **6. HOW ARE THE MEDICAL/DENTAL SERVICES COVERED?**

If the child has public or private insurance, then MAP will process his or her information so that child can receive care. We also accept payment in cash and provide care to those that are uninsured based on income and family size. The parent should call MAP when they receive the enrollment form to discuss payment options.

## **7. WHAT HAPPENS IF MY CHILD HAS A DENTAL/MEDICAL EMERGENCY BETWEEN VISITS?**

You can bring your child to Medical Associates Plus clinic at Belle Terrace. We have an onsite dental clinic. Our dentists have experience in pediatric dentistry. Dental pediatric services at the clinic are emergency care, comprehensive examinations, x-rays, cleanings, fluoride treatment, fillings, pediatric crowns, space maintainers, and extractions. For Medical Emergencies please call 911.

## **8. WHAT KIND OF SERVICES CAN MY CHILD RECEIVE BETWEEN SCHOOL VISITS?**

Once your child is enrolled and has been seen on our mobile unit, they become a MAP patient, and they can be seen on site at MAP Belle Terrace Medical Center for treatment and comprehensive care.



Please PRINT and Complete Entire Application

**MEDICAL ASSOCIATES**

THE ROAD TO HEALTHY



Applicant Information			
Child's Legal Name:	DOB:	Age:	<input type="checkbox"/> M <input type="checkbox"/> F Today's Date:
School:	County:	Grade:	Teacher:
Demographics			
Address:	City:	Zip:	Home Phone:
Parent's Cell Phone:	Parent's Email:		
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other Race <input type="checkbox"/> Decline to report			
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Decline to report		Public Housing: Is your address considered public housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Punjabi <input type="checkbox"/> Hindi <input type="checkbox"/> Russian <input type="checkbox"/> French <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> German <input type="checkbox"/> Other			
Family Size:	Monthly Household Income:		<input type="checkbox"/> Decline to answer

Dental Insurance Information	
Does your child have Dental Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, enter your child's 12 digit Medicaid Recipient ID Number below:
Does your child have Dental Medicaid/PeachState? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have PRIVATE dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Card Holder Name:
	Primary's DOB: Primary's Soc. Sec.#
Primary's Address:	Phone: Employer:
Dental Insurance Company:	Insurance Company Phone:
Member ID#:	Group #:

Medical Insurance Information	
Does your child have Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, enter your child's 12 digit Medicaid Recipient ID Number below:
Does your child have Medical Medicaid/PeachState? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have PRIVATE medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Card Holder Name:
	Primary's DOB: Primary's Soc. Sec.#
Primary's Address:	Phone: Employer:
Medical Insurance Company:	Insurance Company Phone:
Member ID#:	Group #:
List ALLERGIES to Medicine:	List Current Medications:
<b>Has your child ever been treated or diagnosed with:</b> <input type="checkbox"/> Asthma <input type="checkbox"/> Food Allergies <input type="checkbox"/> Diabetes <input type="checkbox"/> Chronic Sinusitis <input type="checkbox"/> Speech Difficulties <input type="checkbox"/> Tobacco/Drug Use <input type="checkbox"/> Seasonal Allergies <input type="checkbox"/> Depression/Anxiety <input type="checkbox"/> Autism <input type="checkbox"/> Eczema <input type="checkbox"/> Pregnancy <input type="checkbox"/> Cancer <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Depression <input type="checkbox"/> Anemia/Blood Disorders <input type="checkbox"/> Heart <input type="checkbox"/> Hearing <input type="checkbox"/> Seizures <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Growth Problems	
Any other medical conditions not listed above?	Has your child ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain):
Past surgeries or procedures?	Has your child ever suffered injuries to mouth, head, or teeth?

**IMPORTANT: PARENT/GUARDIAN SIGNATURE REQUIRED:**

I am the parent/legal guardian of the minor child listed above. I consent to my child receiving **DENTAL** treatment, and allow the school nurse and **DENTAL** provider to view dental records. I give MAP permission to treat my child and received HIPAA rights on the next page.

**IMPORTANT: PARENT/GUARDIAN SIGNATURE REQUIRED:**

I am the parent/legal guardian of the minor child listed above. I consent to my child receiving **MEDICAL** treatment, and allow the school nurse and **MEDICAL** provider to view medical records. I give MAP providers permission to treat my child and received HIPAA rights on the next page.

SIGNATURE

(RELATION TO CHILD)

DATE

SIGNATURE

(RELATION TO CHILD)

DATE