

Pediatric Oral Health Access Program (POHAP)



Dentist name: _____

Practice location: _____

No-Charge Patient Information Form

Patient number (1-20) - PLEASE DO NOT USE NAMES

Patient city

Date of first visit

Patient age

How was this patient referred to you for no-cost treatment? (Check One Box)

_____ POHAP Care Coordinator

_____ Self

_____ Other

If "other" please clarify: _____

Describe the condition of the patient's oral health

<u>PROCEDURE</u>	<u>QUANTITY</u>
Fillings	_____
Stainless steel crowns	_____
Pulpotomies	_____
Extractions	_____

Comments:

Please send completed form to:

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Email: Brittney.Ryan@cda.org

No-Charge Patient Definition:

Any uninsured/underinsured child 12 years of age or younger, with restorative needs (multiple fillings, pulpotomies, stainless steel crowns or extractions) who receives the necessary dental treatment at no-charge to the patient/caregiver. This could mean waiving a patient's co-payment, or providing treatment modalities not covered by insurance at no-cost.