



Big Smiles Missouri

Dear Parents or Guardian,

If you need financial assistance so your child can receive a dental screening, cleaning, and fluoride, please check the appropriate box and fill out the required information.

School/Center:			
Child's Full Name:		Date of Birth:	
Parent/Guardian Name:		Phone #:	Email:
Address:		City:	State: Zip:

Please check areas that apply to you and fill out information:

My child has Medicaid/MO HealthNet. The 8-digit ID # is:

Circle one of the following: Missouri Medicaid (MO HealthNet), Aetna Better Health Missouri, Missouri Care, Home State Health Plan

I don't have Medicaid/MO HealthNet and wish to apply.

Medicaid/MO HealthNet is an affordable insurance program, offered by the State of Missouri for children birth through age 18. To qualify for this, a child must be a Missouri resident, under age 19, and live in a family that makes at or below the income in the chart below.

# of Persons Included in Household	MHK CHIP GROUPS (UNINSURED CHILDREN) THROUGH AGE 18			
	NO-COST 150%	PREM 185%	PREM 225%	PREM 300%
1	\$1485	\$1832	\$2228	\$2970
2	\$2003	\$2470	\$3004	\$4005
3	\$2520	\$3108	\$3780	\$5040
4	\$3038	\$3747	\$4557	\$6075
5	\$3555	\$4385	\$5333	\$7110
6	\$4073	\$5023	\$6109	\$8145
7	\$4592	\$5663	\$6887	\$9183
8	\$5112	\$6304	\$7667	\$10223
9	\$5632	\$6946	\$8447	\$11263
10	\$6152	\$7587	\$9227	\$12303
11	\$6672	\$8228	\$10007	\$13343
12	\$7192	\$8870	\$10787	\$14383

To apply for Medicaid/MO HealthNet call 1-855-373-9994 or visit <https://mydss.mo.gov/healthcare/mohealthnet-for-kids>

I have other dental insurance.
Please attach a copy of the front and back of the insurance card to this form and complete the information below.

Insurance Company Name (other than Medicaid) _____

Insurance Company Phone _____

Group Number _____

Employer Name _____ Company Phone _____

Name of Insured Adult _____ Birth Date of Insured Adult _____

Member ID/Policy # _____ Social Security # of Insured Adult _____

I have no dental insurance and do not wish to apply to Medicaid/MO HealthNet.
I will pay for a subsidized service because I am unable to pay full fee. It will cover dental screening, cleaning, and fluoride.

Age 12 and Under - \$68.00 Age 13 and Older - \$81.00

Please staple check or money order to this form and make payable to: Big Smiles Missouri. To pay by credit card, please call 1-800-409-2563.

I request donated care to cover the cost of a cleaning, screening, and fluoride for my child.
I certify that my monthly household income is below the monthly income limits above, and I am not eligible for Medicaid/MO HealthNet, or any other dental assistance programs.

X Sign Here _____ **Date** _____
Parent/Guardian

We look forward to seeing your child. Please return to your school/center as soon as possible. If you have questions, please call 1-800-409-2563.

Thank You,
Big Smiles – Nevin K. Waters, D.D.S., P.C.
www.bigsmlilesdental.com

Nevin K. Waters, D.D.S., P.C.

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