



**Drs. Ellis, Green and Jenkins**  
Pediatric Dentistry and Orthodontics

*Robert H. Ellis, Jr., DDS*  
*Amy Ellis Green, DMD*  
*Robert H. Ellis, III, DMD*  
*John W. Jenkins, DMD*  
*Caitlin Reaves, DMD*

## **In-School Dental Programs**

Dear Parent,

We greatly appreciate the trust you have placed in us by selecting Drs. Ellis, Green & Jenkins as your child's Pediatric Dental Practice. It is in that spirit of trust and responsibility that we write this letter.

Many school districts are offering "In School Dental Programs." With this program, **your insurance company will be billed** (Medicaid, Private insurance, etc.) when seen at the school. This will likely cause dental services provided at our office to not be covered by your insurance company. Therefore, you would have to **pay out-of-pocket to be seen at our office.**

To make sure you can continue to be seen at our office without insurance problems and unnecessary out-of-pocket expenses please do the following:

**If you already have given your consent for your child to participate, please complete the attached form and return it to your school so that the program can be notified.**

**If you have not given your consent, you do not need to do anything. We will happily continue as your child's dental home.**

As always, we invite you to call our office with any questions.

Sincerely,

Drs. Ellis, Green & Jenkins

8905 Two Notch Road  
Columbia, SC 29223

Tel: (803) 788-9593  
Fax: (803) 788-3123

[www.wecaredentalsc.com](http://www.wecaredentalsc.com)



**Drs. Ellis, Green and Jenkins**  
Pediatric Dentistry and Orthodontics

*Robert H. Ellis, Jr., DDS*  
*Amy Ellis Green, DMD*  
*Robert H. Ellis, III, DMD*  
*John W. Jenkins, DMD*  
*Caitlin Reaves, DMD*

To Whom It May Concern:

School Attending: \_\_\_\_\_

This letter is to certify that \_\_\_\_\_, DOB \_\_\_\_\_ is a patient of record at Drs. Ellis, Green & Jenkins. This patient has a dental home. **My child is not to have any dental treatment or preventative services performed at school during the current academic school year.**

**Current Dental Home:**

Drs. Ellis, Green & Jenkins  
8905 Two Notch Rd.  
Columbia, SC 29223

**Dental Home Phone Number:**

803-788-9593

This form needs to be the document of record for my child regardless of any other forms I may have signed for the current school year.

Drs. Ellis, Green & Jenkins have permission to deliver this form to my child's school and place in my child's school record.

8905 Two Notch Road  
Columbia, SC 29223

Tel: (803) 788-9593  
Fax: (803) 788-3123

[www.wecaredentalsc.com](http://www.wecaredentalsc.com)

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date