



# Initial Medical and Dental Exam Information Sheet

Children placed in foster care require initial exams to be completed upon placement. Documentation of all medical and dental appointments must be submitted to the Agency Social Worker within 3 days.

Initial Comprehensive Medical Exam within 7 to 10 days. Initial Dental Exam within 30 days.

- All foster children of all ages placed with Serenity must have a full comprehensive medical exam completed by a doctor/pediatrician within 7 to 10 days of placement. All other medical exams are at intervals based on age of the child or provider recommendation.
- Children over the age of 1 must have a dental exam within 30 days of placement and every 6 months thereafter.

*If the foster child had a medical exam within 72 hours of being placed with Serenity or is placed directly from the hospital, a comprehensive medical exam is still needed within 7 to 10 days.*

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## Important Contact Information

### *Locating Health Care Providers:*

For assistance in locating health care providers that will accept the letter from the county, and not charge for the initial medical visit when the Medi-cal card has not yet been received, use the link below. It will take you to the CHDP website.

On the website, you can enter your zip code and find a provider in your area:

[http://www.publichealth.lacounty.gov/cms/provider\\_finder.htm](http://www.publichealth.lacounty.gov/cms/provider_finder.htm)

### *Medi-Cal Card Issues:*

The foster care hotline number is available to assist with requesting an updated Medi-Cal number, transferring the child’s medical insurance to “straight” Medi-Cal, or requesting a new card. [\(800\) 697-4444](tel:8006974444).

### *Medical Bill Reimbursement:*

In regards to obtaining reimbursement for Resource parents who pay out-of-pocket for medical visits while waiting for Medi-Cal to be set up for children placed in their care, the instruction from DCFS is to contact the CSW on the child’s case. The CSW then submits a form – DCFS 5540.

I understand and agree to these requirements.

Resource Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Resource Parent Signature \_\_\_\_\_ Date \_\_\_\_\_