

**AGREEMENT BETWEEN  
UPPER CUMBERLAND REGION  
TENNESSEE DEPARTMENT OF HEALTH  
AND  
UCHRA VAN BUREN COUNTY HEAD START**

This Agreement by and between the Upper Cumberland Region Tennessee Department of Health, on behalf of Van Buren County Health Department, hereinafter referred to as “Regional Health” and UCHRA Van Buren County Head Start, hereinafter referred to as “Head Start” are provisions for Dental Services for the period of July 1, 2023 through June 30, 2024.

**DENTAL**

We agree to provide dental services to clients of the Van Buren County Head Start.

When possible, these services will be billed to TennCare. Head Start will be responsible for non-TennCare participants. Payment should be made to the Van Buren County Health Department.

If a child should require a procedure unable to be performed by the Health Department Dentist, an appropriate referral will be made in conjunction with Head Start personnel.

A list of Dental charges is attached.

**PHYSICAL EXAMINATIONS FOR HEAD START**

We agree to provide to clients of the Head Start Program the following services:

1. Unclothed physical examination to be performed by an R.N. or M.D.
2. Height, Weight, Blood Pressure
3. Ears, Nose, Mouth, Throat, Heart
4. Vision Screening
5. Hearing Screening
6. Anemia Screening(Hemoglobin)
7. Sickle Cell when appropriate
8. Urine Test when indicated
9. Tuberculin test as indicated
10. Lead History and blood lead test, if necessary
11. Immunizations

The Health Department will send a statement monthly for services provided. Payment should be made to each respective Health Department. The charge will be \$50.00 per child. Follow-up treatment will be subject to our usual fee. If blood lead test is needed per protocol the additional charge will be \$4.00 for lead test plus \$3.86 collection fee for a total of \$7.86 . Any needed immunizations will be \$20.00 for the first immunization, and \$13.70 each for subsequent immunization. Head Start will be responsible for obtaining parental permission for immunizations.

**Service Agreement**

When possible, these services will be billed to TennCare. If the child has TennCare, we will perform an EPSDT exam and bill TennCare. Head Start will be responsible for obtaining permission from the child’s parent for the exam. Children’s exams that appear to be covered by a family medical plan will be billed to that insurance company. Head Start will be billed for services if the insurance denies the claim or for reimbursement less than \$50.00.

The Health Department’s physical exam form PH 3565 will be used for documentation of the physical examination.

We will also provide a Registered Dietitian to review and approve a menu annually for the agency at a charge of \$48.00. Upon receipt of documentation of service, please send a check for that amount to Tennessee Department of Health, 200 West 10<sup>th</sup> Street, Cookeville, Tennessee 38501-6076.

We will also provide a Registered Nurse to review and approve a sample health file review annually and be available for questions for the agency at a charge of \$48.00. Upon receipt of documentation of service, please send a check for that amount to Tennessee Department of Health, 200 West 10<sup>th</sup> Street, Cookeville, Tennessee 38501-6076.

Head Start will upon receipt of documentation, pay the amount of said services as specified in the Services Agreement: Child Physical Examinations and Child Dental Health Services.

If there are any questions or problems, please contact Angel Troxell at 931-528-7531, Karen Roper at 931-946-2438 or Cathy Phillips, D.D.S. at 931-646-7506.

**TERM**

To be effective July 1, 2023 through June 30, 2024; however either Party shall have the right to terminate this agreement through the provisions of a thirty-day(30) written notice.

By entering into this contract we agree to adhere to all the code of conduct standards of the UCHRA Van Buren County Head Start and certificate of liability shall be maintained.

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Angel Troxell, Regional Director  
Upper Cumberland Region  
Tennessee Department of Health

\_\_\_\_\_  
Date

\_\_\_\_\_  
Elsie Blaylock  
UCHRA

\_\_\_\_\_  
Date

<b>PROCEDURE</b>	<b>CODE</b>	<b>STANDARD FEE</b>
Comprehensive Oral Evaluation	D0150	\$35.00
Periodic Evaluation	D0120	\$25.00
Prophylaxis, Child	D1120	\$35.00
Fluoride, Topical, Child	D1203	\$20.00