23 South State Street Concord, New Hampshire 03301 Tel. (603) 225-5961 Fax: Fax: (603) 226-4880 www.nhds.org

## PROFESSIONAL DENTURE CARE PROGRAM PROCEDURES FOR THE DENTIST

The New Hampshire Dental Society will contact your office to ask if the doctor can accept a patient. If the doctor says yes we will then send the patient's information and a completion form to your office. Any patient contacting a dentist for assignment on their own will be disqualified from the program. Please contact the New Hampshire Dental Society if you have a patient contacting your office for assignment. Patients assigned to you are instructed to call your office for an appointment for their initial examination (and x-ray if necessary). There is no charge to the patient for this visit. Please contact the New Hampshire Dental Society of any missed appointments, as this could lead to withdrawal from the program.

At the initial exam, please determine the treatment that you think is necessary. Any treatment not covered by the program, but deemed necessary by you, should be negotiated as a private office fee, keeping in mind the patient's financial status.

Please notify the New Hampshire Dental Society immediately if at any time there is any change in the treatment plan. All denture **adjustments must be completed within six months of insertion**, to be covered by the program. **Payment Procedure:** The New Hampshire Dental Society will make payment to the dentist only upon receipt of the completion form, which has been signed by both the patient and the dentist. **Completion forms are sent to the dentist with initial patient paperwork**. If for any reason the prescribed treatment is not initiated, all monies, minus costs incurred by the dentist, will be reimbursed.

Please note that this program <u>does not include</u> extractions, partial dentures, immediate dentures or relines.

YOUR PARTICIPATION & COOPERATION ARE GREATLY APPRECIATED

## **IN-HOUSE FEE SCHEDULE**

SERVICE RENDERED:	PATIENT PAYS DIRECTLY TO NHDS:	DENTIST REIMBURSEMENT FROM NHDS:
upper or lower denture	\$400.00	\$400.00
upper and lower denture	\$800.00	\$800.00