NHDS PROFESSIONAL DENTURE CARE PROGRAM: STEP BY STEP



Patient completes APPLICATION to determine financial eligibility for program.* Once Processed through the NHDS central office. patient will hear of acceptance to program through ACCEPTANCE I FTTFR

Patient receives ACCEPTANCE LETTER via USPS or email from NHDS central office. If no extractions are needed. patient pays fee. If extractions are needed. Patient is responsible for procedure.

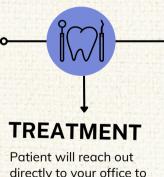
Patient MUST have all teeth extracted for his/her TRADITIONAL DENTURE, Partial and immediate dentures are NOT a part of this program. Patients will need to provide PROOF OF EXTRACTION.

PAYMENT The cost of the program is:

\$700.00 upper denture \$700.00 lower denture \$1400.00 full denture

Patient pays NHDS directly via check or money order.

NHDS central office will reach out on patient's behalf to dentist to begin treatment. Dentist and Patient will both receive **ASSIGNMENT PACKET** with contact information for both parties.

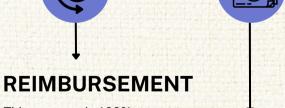


directly to your office to schedule appointments. Patient MUST adhere to ALL office polices surrounding scheduling. *A missed appointment can mean withdrawal from the program.

COMPLETION

PODDOP!

Once treatment is completed, dentist must submit PROOF OF **COMPLETION to NHDS** central office for reimbursement.



This program is 100% self-pay and an insurance claim may not be submitted. Once PROOF OF **COMPLETEION** is processed, a check will be mailed to dentist for payment.

FOLLOW UP

All denture adjustments must be completed within six (6) months of insertion to be covered by the program.

