



Third-Party Care Provider Agreement

To set up an agency agreement you will need to fill out the attached **Third-Party Care Provider Request Form** and email or fax it back. Once the completed request form is received, it will be approved within **48 hours**, and you will receive a confirmation e-mail. PLEASE WAIT AT LEAST **48 HOURS** TO RECEIVE THE CONFIRMATION E-MAIL.

Once received, your client or you can then schedule the appointment directly with the Affordable Dentures practice location. **The request form MUST be approved before the office can schedule the appointment with the patient.** For the promptest response to your inquiry, please utilize the web form at the following link:

<https://affordabledentures.com/about-us/community/third-party-providers/>

Steps to completing the form:

1. Please check the box for if your organization would like to be billed or if a check will be sent with the patient.

Payment is due no later than 30 days from the date of service and all checks need to be made payable to the practice name.

2. **Name of Organization:** Your Agency name here.
3. **Billing Address:** Your Agency billing address here.
4. **Contact Person:** Please list a contact person that can answer any questions regarding the information you have entered on the request form.
5. **Email:** Email address of the contact person.
6. **Telephone and Fax:** List the phone number and fax number for the contact person.
7. **This form will be valid from:** The dates your organization would like the request to be valid.
Example: If your organization is only allowing the funds to be available for 30 days.
8. **Patient's Name:** Name of your client, and client's phone number.
9. **Affordable Dentures office to visit:** List the Name of Practice, City and State of the Affordable Dentures practice the client is visiting.
10. **Amount Not to Exceed:** The maximum amount your organization is covering for your client.
 - a. All Affordable Dentures practice fees are listed on the www.affordabledentures.com website. To view the fees, click the Locations tab at the top of the page, choose the location your client is going to, and then select the Fee Schedule tab.
11. **Service(s) Patient needs:** List the type of service(s) the patient requires.
Examples: x-ray, consult, upper denture, economy denture.
12. **Authorized Signature:** Signature of the person from your organization authorizing this form.
13. **Tax ID:** The Tax ID for your organization.



Third-Party Care Provider Request Form

Send completed form to: tpp@affordablecare.com or Fax: 252-208-2953

Please fill in the information below, **ALL FIELDS MUST BE COMPLETED**. Once received and approved you may contact the appropriate Affordable Dentures to schedule an appointment. **Approvals may take up to 48 hours**. Please check the appropriate box indicating whether your organization would like to be billed or would prefer to send a check with the patient.

Please bill my organization

A check will be sent with the patient.

Name of Organization: _____

Billing Address: _____

Contact Person: _____

E-Mail **(required)**: _____

Telephone: _____ Fax: _____

This form will be valid from: _____ to _____

Patient's Name: _____

Patient's Phone Number **(required)**: _____

Affordable Dentures Office to Visit: _____

Amount Not to Exceed: **(must be completed)** \$ _____

Service(s) Patient needs: _____

Authorized Signature: _____ Tax ID: _____

Affordable Care, LLC
629 Davis Drive, Suite 300, Morrisville, NC 27560
www.affordabledentures.com