

Policy Regarding Replacement of Lost, Missing, and Damaged Dental Protheses

Michigan Geriatric Dental Care's policy regarding the replacement of lost, missing or damaged dentures will be explained in detail in this letter. It is unfortunate that the dental prostheses are not able to be found or repaired. Lost, missing or damaged prostheses create several challenges including:

- the inconvenience of not having dental prostheses for the weeks while new prostheses are being constructed
- the inability to duplicate the fit of the missing dental prostheses and
- the cost of replacement

I do provide a service to replace missing dental prostheses, however, it is important to address these challenges prior to initiation of replacement.

The billing policy for denture replacement is as follows: an estimate for the cost of replacing the missing dental prostheses will be provided to the person designated as the financial "responsible party" of the person whose dental prostheses are in need of replacement. One half of the estimated cost will need to be paid prior to the start of construction of new dental prostheses. The remaining balance will be due at the time of the delivery of the new dental prostheses. As a service to you, I will submit all bills to the dental insurance company provided to me. Please be sure that you have provided me with the most up-to-date dental insurance information. The bill for the remaining balance for the construction of the new prostheses will be sent to the "responsible party" for full payment.

The "responsible party" is encouraged to investigate options for bill payment such as homeowner's insurance and, if appropriate, the administrative staff of the patient's current residence. If the "responsible party" makes an agreement with a third party (i.e. a hospital or care facility) to pay a portion of the bill, it is the responsibility of the "responsible party" to submit the bill to the third party. I will only be sending a bill to the "responsible party" for full payment of the account balance.

If you have any questions regarding the policies outlined above, please contact me at the numbers listed below. Thank you for the opportunity to provide quality dental care to your loved one.

By signing this document, I hereby agree to the policy above regarding lost, missing or damaged dental prostheses.

Signature: _____ Date: _____

Print Name: _____