

An Affiliated Practice Providing



Outside Agency Request Form

Fax Completed Form To Pam Jones at: (252) 208-7028

Please fill in the information below. Once received, the appropriate Affordable Dentures affiliated practice will be contacted. Please check the appropriate box indicating whether your organization would like to be billed or would prefer to send a check with the patient.

Name of Organization: _____

Billing Address: _____

Contact Person: _____

Telephone Number: _____

Fax Number: _____

Patient's Name: _____

Affordable Dentures Office to Visit: _____

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

Tax ID #: _____ N/A _____

OA Account # (for office use only): _____

Please bill my organization

A check will be sent with patient

Affordable Care, Inc.

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