



## Community Partners Agreement

To set up an agency agreement you will need to fill out the attached **Community Partners 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\\_partners.html](https://affordabledentures.com/about-us/community_partners.html)

### 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](http://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.



## Community Partners Request Form

Send completed form to: [tpp@affordablecare.com](mailto: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: \_\_\_\_\_

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