



Education - Health - Community

2022 Dentist or Dental Hygienist Participation Agreement

Provider's Name: \_\_\_\_\_

We are excited to partner with you! Please let us know if there's anything we can do to make your participation easier and more enjoyable.

Please tell us how you would like to participate in the program this year (mark all that apply below):

- \_\_\_ Preventive appointments (Prophylaxis, Periodontal Maintenance, FL, Periodic Exams)
\_\_\_ Periodontal Therapy (SRP)
\_\_\_ Extractions
\_\_\_ Fillings
\_\_\_ Initial Exam, FMX or Panorex and Treatment Plan
\_\_\_ Emergency treatment
\_\_\_ Root Canal Therapy (Specialist only)
\_\_\_ Denture(s)\*
\_\_\_ Flipper\*
\_\_\_ Crown(s)\*\*
\_\_\_ I will participate exactly as last year

- Number of appointments available at my office per month \_\_\_\_\_
• Scheduler/contact person: \_\_\_\_\_
• Provider's Initials: \_\_\_\_\_

All patients will be patients of record of Volunteer for Dental, not the dental office.

Please fax this back to our office at: 231.722.3137

\* VFD has funding through the Muskegon County Senior Millage to pay lab fees for up to 10 denture/partial denture/flipper cases in 2021. Patient must 60 years old or older.

\*\*VFD has limited funding to pay lab fees for crowns. Please see Crown Services Qualifying form.

Thank you in advance for your generosity,

Suzanne S. Tanis (handwritten signature)

Suzanne Tanis, RDH, BS
Executive Director