NDA DONATED TREATMENT REPORT — 2020

NDA would like to be able to track the number of patients seen and the dollar value of your pro bono work. If you will fill out this report and send it to us each time you do charity work or reduce your fees because of a patient’s financial situation, we will be able to report more accurate information to the legislature and others concerned with access.

If necessary, please feel free to eliminate any specific patient information to comply with privacy laws. If you are sending information for more than one patient, please be sure to separate the procedures by patient on the attachments.

You do not need to attach patient’s super bill or a computer printout of services. Please submit this form only.

Please call the NDA office at (702) 255-4211 if you have any questions on the use of this form.

ADA number: _____________________________________________

Provider’s Name: ___________________________________________

Date of Service: ____________________________________________

Procedures: ________________________________________________

Approximate value of treatment: $ _______________________

Approximate write-off: $ _________________________

This information will be consolidated and individual dentist’s statistics will not be released or used to solicit volunteer work. NDA is encouraging groups that need volunteer dentistry to report through the Northern Nevada Dental Health Program and the Southern and Northern Nevada’s Give Kids A Smile Program. Only use this form if you are volunteering outside of the NNDS or SNDS volunteer programs.