

# Maine Dental Association Members

## Donating Care? Write it Up!

This form has been designed to help dentists report the dollar value of free services provided to patients that are not already tracked through programs that have an official reporting mechanism, such as Donated Dental Services (“DDS”) or the Cole Family Foundation Orthodontic Project.

If you provide free care in your office or community, please use this form to report those donated values.

The Maine Dental Association uses this information in advocacy and awareness efforts, to demonstrate the commitment of Maine dentists to provide care for those in need. Information is reported on a collective or anecdotal basis, without the use of any names.

**Please duplicate this form as needed and return completed forms to the Maine Dental Association, PO Box 215, Manchester, ME 04351 OR fax the form(s) back to 207-622-6210.**

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### PLEASE PRINT CLEARLY.

Dentist: \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_

Site (private office, nursing home, school, free clinic, etc.): \_\_\_\_\_  
(**NOTE:** Please do not include the value of MaineCare write-offs in this section. Report those amounts at the bottom of this sheet.)

Service(s) provided (indicate # of each):

- |  |                            |
|--|----------------------------|
| _____ Examinations                         | _____ Restorations         |
| _____ X-rays                               | _____ Extractions          |
| _____ Dental prophylaxis                   | _____ Crowns               |
| _____ Fluoride treatments                  | _____ Fixed bridges        |
| _____ Sealants                             | _____ Removable bridges    |
|  | _____ Other prosthodontics |
|  | <i>Specifics:</i> _____    |
| _____ Pulpotomies                          |                            |
| _____ Endodontics                          |                            |
| _____ Oral Surgery <i>Specifics:</i> _____ |                            |
| _____ Orthodontics <i>Specifics:</i> _____ |                            |
| _____ Other services: _____                |                            |

Total treatment value: \$ \_\_\_\_\_

MaineCare write-offs \$ \_\_\_\_\_ During what time period? \_\_\_\_\_

Comments: \_\_\_\_\_