

Denture Agreement of Acceptance

Authorization number

Date of acceptance	Client ID	Provider NPI number	Client name
Item(s)/service(s) accepted			
<p>The following information is required for the provision of all complete denture(s) (D5110/D5120) The client must complete and sign both sections of this form before the Health Care Authority (HCA) will pay for services.</p>			
Section 1: Wax try-in			
<p>A wax try-in is a viewing of your denture(s) with the teeth set in a gum-colored wax. The purpose of a wax try-in is to confirm bite, tooth color, teeth position, and overall look of the denture(s). The wax try-in is when changes to the appearance of the teeth can be made. During this try-in the teeth may feel loose and bulky. Once the wax try-in has been approved the denture will be completed directly from the wax denture.</p>			
Yes <input type="checkbox"/> No <input type="checkbox"/> Are you happy with the tooth color? If not, why not?			
Yes <input type="checkbox"/> No <input type="checkbox"/> Are you happy with the tooth position and fit? If not, why not?			
Yes <input type="checkbox"/> No <input type="checkbox"/> Are you happy with the tooth size and shape? If not, why not?			
Yes <input type="checkbox"/> No <input type="checkbox"/> Are you happy with the amount of pink or gum material showing? If not, why not?			
<p>The signature of the client or designated power of attorney below indicates: I have had a wax “try-in” of my future denture(s) and approve the tooth bite, looks and color. I understand that upon signing this form I agree the provider may have the denture(s) made and any future changes may be difficult.</p> <p>NOTE: You must indicate now if you do not like any of the features listed above even after providing adjustments. If changes are not possible, it has been explained to me and I fully understand and accept the denture (s) once they are completed.</p>			
Client/guardian/designated power of attorney signature			Date
Section 2: Delivery and Seating of Denture(s)			
<p>The signature of the client or designated power of attorney below indicates: My final dentures have been provided and placed in my mouth. The provider has adjusted to meet my needs and I accept delivery. I understand these are my final dentures.</p>			
Client/guardian/designated power of attorney signature			Date of Delivery
<p>The signature of the dentist/denturist below indicates the services provided meet the standard of care and are of an acceptable product quality. The provider further understands that the global fee for the denture includes three months of post-operative care, including adjustments and tissue conditioning.</p>			
Dentist/denturist signature (to be signed on date of delivery)			Date

This form must be completed and all signatures present upon date of delivery. This will be the date the agency will expect to see on your billing.

A copy should be kept in your client file and be provided to the Health Care Authority upon request to determine that all requirements of WAC 182-535-1090 have been satisfied.