



SPRINTER DENTAL SERVICES

Excellence in mobile dentistry

AUTHORIZATION TO RELEASE FUNDS (TRUST OR GENERAL)

Prior to beginning dental treatment, you were asked to sign certain forms that allows for Medicaid to pay for dental treatment. Included in that approval package was authorization to pay for dental treatment once payment authorization is issued by Medicaid.

Upon completion of treatment, The Texas Health and Human Services issues a document called "Notice of Correction of Applied Income." This form authorizes the Nursing Home to redirect the patient's Medicaid income to our office to pay for dental treatment. There is language on that document authorizing payment to our office.

However, as part of our commitment to our Nursing Home Partners, we have prepared this Authorization to partner with that form. Please sign this form and return it to our office along with the other documents required by Medicaid if not already signed.

AUTHORIZATION

In compliance with regulation of section 19(D) (6) of the nursing facility requirements for licensure and Medicaid certification, authorization must be given for disbursement of funds from a Resident Trust Fund, or in the case where the Medicaid funds are paid directly by the family, authorization to disburse funds as indicated by the Notice of Correction of Applied Income directly from the General Fund once the credit has been placed on the Resident's account.

This form hereby authorizes the Nursing Facility to deduct the amounts invoiced on the Notice of Correction of Applied Income to be paid upon due date, specifically by Sprinter Dental Consultants, LLC

PATIENT NAME:

FACILITY:

SIGNATURE OF RESIDENT/LEGAL REP/
POWER OF ATTORNEY, RESP PARTY

RELATIONSHIP

FACILITY REPRESENTATIVE

DATE