NON-PROFIT CLINIC DENTAL ACCESS PROJECT APPLICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 1146 (Rev. 05-2020)

Clear Fields

Name of Non-profit Clinic	Telephone Number		
Address	City	State	ZIP Code

Please provide (or attach) a narrative, along with this application, describing the non-profit clinics' plan to increase the number of dentists; and an outreach plan about how the clinic plans to serve additional Medicaid and CHIP recipients. Be sure to include the estimated percent of services a new dentist would be expected to provide to Medicaid and CHIP recipients.

Initial the following items as certification that the newly recruited dentist will:

_____ Complete the required twelve to thirty-six months of full-time service in a non-profit clinic: **and**

_____ Provide annual claims data to the Department, showing the percentage of dental claims by payor type (dates of service to be negotiated with the Department after a dentist is hired by the non-profit clinic); **and**

_____ Be an increase in the number of dentists previously or currently employed by the non-profit clinic.

Signature	Date
Title	

Return the completed, signed application by to:

North Dakota Department of Human Services
Medical Services Division
600 E. Boulevard Ave, Dept. 325
Bismarck, ND 58505-0250