

DENTURE

Essentials™

Dear Patients,

Provider one requires the following in order to be considered approved for a Partial Upper Denture or a Partial Lower Denture:

- X-rays Within the Past 6 months.
- Cleaning done within the past 6 months.
- Any Dental work that is Required to be complete by your dentist.
- Patient Chart Notes and Perio Chart listing that all dental work is completed or scheduled.

Failure to bring these things, we will not be able to submit a prior authorization to your insurance. You are able to give our fax number (360)339-6538, to your dental office for them to fax over your information to us.

Sincerely,

Denture Essentials Staff
DentureEssentials.staff@gmail.com