



URGENT DENTAL CARE OF NEW HAMPSHIRE

VA Patient Eligibility Request

If you are 100% disabled through the VA hospital, you may be eligible to receive comprehensive dental care at no cost to you. Please fill out the information below and we verify on your behalf if you are eligible to be part of this program.

Print Name: _____

Address: _____

Mobile Phone: _____ Home Phone: _____

Date of Birth: _____

Social Security Number: _____

My signature below is my authorization for the release of any information necessary to check my dental eligibility with the VA (Veterans Administration) hospital. I also authorize AUDC Dental group PLLC, Urgent Dental Care of Somersworth PLLC (DBA Urgent Dental Care of New Hampshire) and C.J. Auty, DDS, Oral Surgery, PLLC to offer and provide any recommended dental treatment and submit said treatment to the VA hospital Program for approval and reimbursement where applicable.

X _____

Signature of Patient

Date: _____

X _____

Signature of guardian if applicable

Date: _____