



Date and Time of Acceptance:

Denture Delivery Receipt

Provider Name:	Provider NPI:	Recipient Medicaid ID:	Recipient Name:
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Nevada Medicaid provides payment benefits of certain prosthodontics for qualified recipients. Education given by the dentist on the proper care of the prostheses is expected and included in the purchase of any prosthetic service. [Medicaid Services Manual (MSM) 1000, Section 1003.5.A.1]

Denture relines and adjustments required within the first six months after the date of purchase are considered prepaid with Medicaid's payment for the prosthetic. [Medicaid Services Manual (MSM) 1000, Section 1003.5.A.7].

Provider: Please check appropriate boxes below and sign this document.

<input type="checkbox"/> D5110 Dentures Complete Maxillary	<input type="checkbox"/> D5130 Dentures Immediate Maxillary
<input type="checkbox"/> D5120 Dentures Complete Mandible	<input type="checkbox"/> D5140 Dentures Immediate Mandible

The signature of the provider below indicates the services provided meet the standard of care and are of an acceptable product quality.

Provider Signature: _____ Date: _____

Recipient: Please acknowledge the statements below with your initials and sign this document.

Dentures are custom made prosthetic appliances.

My denture(s) has been provided and placed in my mouth. **Initial** _____

I approve of the denture(s) teeth color. **Initial** _____

I approve of the denture(s) teeth position and fit. **Initial** _____

I approve of the denture(s) teeth size and shape. **Initial** _____

I have been told that the denture(s) should not be considered a replacement for teeth, but a replacement for no teeth. **Initial** _____

The provider has adjusted the denture(s) to meet my needs and I accept delivery. **Initial** _____

I understand that by signing this delivery receipt, Nevada Medicaid will deny any subsequent requests for a denture(s) within five (5) years without prior authorization approval. Upper and lower are independent for this requirement. **Initial** _____

The signature of the recipient, guardian or designated power of attorney below verifies the denture(s) was received and is accepted/acceptable.

Recipient/Guardian/Designated Power of Attorney Signature: _____
Date: _____

Provider: This form must be completed and all signatures present upon date of delivery. You may not bill Nevada Medicaid for dentures until they have been delivered to the recipient and this form is completed. The claim must not be submitted prior to the delivery date.



Recipient:

WHAT TO EXPECT FROM YOUR NEW DENTURES

1. You must learn to manipulate your dentures. At first you may look, speak and eat in a way that you are unaccustomed. With time, you should adapt very readily. Most patients require about 2 to 3 weeks to learn to work with new dentures. A few patients may require more time, but don't be discouraged if you take longer than most.
2. You will find that dentures are not as efficient as your natural teeth when eating. However, having dentures is better than being without teeth. When eating, start with soft foods and take small bites. Avoid biting with the front teeth because it will cause the dentures to become unstable and shift. This can lead to sore gums. It is best to cut your foods into small bites. If you must "take a bite" use the area around the canine teeth.
3. Your speech, as mentioned above, may sound strange initially. With practice, and perhaps reading aloud from a book or newspaper, you should be able to speak clearly in a few days.

ADJUSTMENTS

1. You must return to your dentist for follow-up appointments after the dentures have been inserted. Recommended schedule includes but is not limited to:
 - a. 24-hour follow-up appointment after denture delivery.
 - b. One-week follow-up appointment after denture delivery.
 - c. Annual exams (yearly follow-up is recommended).
2. In most instances, it is necessary to make minor adjustments to provide a more comfortable fit. Adjustments and relines are provided for denture patients enrolled in Nevada Medicaid.
3. If soreness develops, that is considered a normal occurrence. Call your dentist for an appointment. The irritation will not disappear by itself.
4. We do not want you to "try and tough it out". If you are unable to reach your dentist during holidays, weekends, or after hours, remove the dentures to prevent further trauma to the tissues until you can schedule an appointment.

CLEANING

1. Your dentures and supporting ridges must be cleaned carefully after each meal. Denture odor is a result of food debris clinging to and beneath the dentures.
2. Clean your gums with a SOFT brush and toothpaste.
3. Clean your dentures with liquid dish detergent and gentle brushing with a SOFT denture brush over a soft towel or the sink that is partially filled with water. Dropping the denture on a hard surface can result in breakage of the pink flange and/or the teeth.
4. Soak your dentures at night in a denture cleaner or a solution of ½ water, ½ mouthwash. Rinse thoroughly with clean water before reinserting the dentures.
5. ALWAYS keep your dentures wet when not wearing them to prevent warping.

YOUR ORAL HEALTH

1. Nature did not intend for people to wear dentures. You must exercise care with the tissue beneath the dentures. It is recommended to rest the tissues at least eight hours a day. Most patients find it more convenient to leave the dentures out at night.
2. The tissues that support your dentures are constantly changing. This may result in denture looseness; however, looseness can result from many causes. With time, your dentures will need either refitting or replacement. Call your dentist for an appointment.
3. Annual examinations of the supporting tissue for abnormalities and to assess the function and fit of the denture are important for your dental health.