



## ND RYAN WHITE PROGRAM PART B REQUEST FOR ORAL CARE

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DISEASE CONTROL AND FORENSIC PATHOLOGY  
SFN 58589 (7-2023)

Client's Name	RW Number	RW Agency
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### Procedure

- Please attach the estimated cost of the procedure from the oral healthcare provider.
  - All preventive procedures may be covered up to 100 percent.
  - Procedures other than preventative care must be essential and may be covered up to the annual assistance cap per available funding and require approval from the case manager.
  - Extensive procedures such as dentures, implants, and others require approval from the ND Ryan White Coordinator.
  - Cosmetic procedures such as teeth whitening, braces, and others are not covered by the ND Ryan White Program.
- Submit this form to your case manager for approval prior to the procedure.

### Assistance Requested

- ☐ Preventive procedures (routine oral exam, X-rays, cleaning, sealants, fluoride treatment)
- ☐ Fillings ☐ Extractions ☐ Crown/Cap
- ☐ Oral Surgery ☐ Root Canal ☐ Dentures/Partials
- ☐ Other:

### Oral Health Care Provider's Information

Provider's Name		Telephone Number	
Street Address	City	State	Zip Code
Explanation of the Procedure			
Procedure Date		Procedure Cost (\$)	

### Signatures

Oral Health Care Provider (optional)	Date
Client/Guardian	Date

### For the ND Ryan White Program

Procedure <input type="checkbox"/> Approved <input type="checkbox"/> Denied, reason:	
Case Manager	Date
ND Ryan White Coordinator Signature	Date