

This form was rejected. Please see the bottom section for details.

Student/Patient Info

Date: 2021-02-18

Student's Name: Ginger Vitis

Year: D3

Team Mentor/Prosthodontist Name: Dr. Tooth

Patient's Name: Bob Vance

Chart #: 123456

Procedure for requested funds: Root Canal

Procedure Code: 123456

Cost of procedure: 500

Amount of request: 200

Dental coverage: Yes

Insurance Provider: Apple'a'Day Limited

Reason for choice of student: Ginger Vitis is a top student, she deserves this.

Reason for choice of patient: He can't afford it.

Team Mentor/Prosthodontist Approval: Yes

Team Mentor/Prosthodontist Swipe Card #: 123456

Is this an Emergency Procedure: Yes

Approved procedures that apply: ["Relief of pain and related diagnostic procedures (e.g. examination, radiographs, endodontic opening limited to anterior teeth only, I&D, extraction)."]

Justification: None needed. We are only asking for \$200.

Offer Expires On: 2021-03-05

Reason for Rejection

This is not satisfactory Ginger. Bob Vance has already received \$120, therefore he will exceed the \$300 per patient limit based on your request. Please change the requested amount or provide adequate justification for exceeding the limit.