

2023-2024 COMMUNITY-BASED INVOICE TEMPLATE

<b>Email Invoice to:</b> <a href="mailto:dhhs.dphs.contract@dhhs.nh.gov">dhhs.dphs.contract@dhhs.nh.gov</a> <a href="mailto:mary.c.duquette@dhhs.nh.gov">mary.c.duquette@dhhs.nh.gov</a> Reference Oral Health Program in subject line	<b>Dental Clinic/FQHC Name:</b>
	<b>SUBMITTING INVOICE FOR MONTH OF:</b>
<b>Community Program Data</b>	
<b>TOTAL NUMBER OF PATIENTS:</b>	
Treated	
Who were covered by NH Medicaid	
Who were billed for NH Medicaid	
Who were uninsured	
Treated with fluoride varnish	
<b>TOTAL NUMBER OF:</b>	
Teeth treated with Silver Diamine Fluoride	
Teeth treated with a sealant	
Teeth treated with an ITR/ART	
Does your dental clinic deploy a Certified Public Health Dental Hygienist into a community setting?	
If so, how many times during this billing cycle and where?	
<b>HOW MANY clinical dental services in the following areas were provided by, or under supervision of a dentist licensed to practice in New Hampshire?</b>	
Preventative Visits	
Restorative Visits	
Emergency Visits	
<b>TOTAL INVOICE AMOUNT:</b>	
<b>Invoice submitted by (print name / title):</b>	
<b>Signature:</b>	<b>Date:</b>
Please indicate here if you are requesting reimbursement for staff salaries, supplies, lab fees, or any other purpose. For staff salaries, include name of staff member, position, number of hours worked, hourly pay, and total request. For supplies, just include the total spent.	