



(972) 241-1111

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Request of Funding Information

Patient Name: _____ Date: _____

This is in regard to the individuals HCS/IPC Dental Funding. We are needing to update our records to allow us the best possible resources to track their dental funding to insure we do not exceed the amount allowed, or for us to be able to request more finances before their next appointment.

Please provide the following information and fax to (972) 525-2003.

Yearly Amount

Current Amount

Renewal Date

Increase Available: YES or NO

If YES, how much is available?

If you have any questions regarding the request of this information, please contact us at (972) 241-1111.