



Charitable Dental Care Reporting Form

This form is a means for the LDA to better capture the TOTAL amount of charitable work performed by Louisiana dentists, including that done outside of formal programs, in individual practices, and even just as a thoughtful gesture to the occasional patient who's down on his/her luck. You may either fill out and submit this form each time you have completed any charitable dental care, or provide a report of the total charitable dentistry you've performed on a monthly basis. In either case, please complete and return the form to the Louisiana Dental Association at the address below.

All dentistry performed for which you receive no remuneration, or for which you voluntarily accept significantly less than your usual remuneration, should be reported EXCEPT for the following: services performed as part of the Donated Dental Services program (they already capture the data and share with LDA); services performed at a location other than your office as part of a Give Kids A Smile or MOM event (again, data is already captured); services performed at a community clinic (as opposed to in your office); discounts on fees accepted in accordance with terms set by an insurance, dental benefit, or dental referral plan, including any disputed reimbursement amounts; discounts on fees accepted as part of a government health care program (e.g., Medicaid or Medicare) or contract of employment; any portion of fees written off as bad debts (including fees paid to collection agencies), attributable to re-doing/correcting procedures you (or your practice) had previously done, or attributable to error or mishap in your practice (e.g., if a crown breaks before being fitted to patient and a 2nd crown is milled, don't report the cost of the 1st crown as charitable work just because you receive no remuneration for it from the patient); services performed for free or at a discount for employees of the practice (including yourself) and their immediate family.

Your participation will be very beneficial towards further enhancing our image as a profession, and is greatly appreciated.

Dental Office or Dentist: _____ Local Dental Society of which dentist is a member: _____

Date of care	No. of patients		Amount of care provided (# hours/\$ value)				Event name (if applicable)
	Children (0-17)	Adults	Preventive	Restorative	Emergency	Other	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
Totals			/	/	/	/	

Use second page, if necessary.

Submitted by (optional): _____ Contact Information (optional): _____

Please mail, fax or email form to:

Louisiana Dental Association, 7833 Office Park Blvd, Baton Rouge, LA 70809 ■ Fax: 225.926.1886 ■ Email: tiffany@ladental.org

LDA Charitable Dental Care Reporting Form (Page 2)

Dental Office or Dentist: _____

Date of care	No. of patients		Amount of care provided (# hours/\$ value)				Event name (if applicable)
	Children (0-17)	Adults	Preventive	Restorative	Emergency	Other	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
Page 2 Totals			/	/	/	/	
Page 1 Totals			/	/	/	/	
Grand Totals			/	/	/	/	