



Massachusetts Public Employees Fund *Vision and Dental Health Plans*

Alliance Dental Center, LLC

Revolutionizing Oral Health®

Thank you for your interest in becoming a patient of the Alliance Dental Center!

Our goal is to provide Fund members with dental care which will improve their overall health. Our unique approach to care is designed to reduce existing disease burden and prevent any further destruction of tooth structure, gum tissue or bone.

We are a patient-centered model where our clinical team partners with our patients to reach their goals and improve their overall health. We are an 'oral health center' and not a traditional dental office. ***Our model requires a commitment by the patient, including more frequent and lengthier appointments. You will work with the clinical team to develop a home-care plan.***

Here are a few of the things we provide:

- Partner with you to identify your oral health goals to improve your oral health
- Become your 'dental home' so you have a comfortable place to receive care
- Provide you with minimally-invasive care to reduce your disease and work with you long-term to manage your needs
- Help you coordinate your care with specialty offices

Here are a few things we do not do at our office:

- We do not do implants.
- We do not replace multiple missing teeth with dentures, implants, or long-span fixed bridges.
- We do not see new patients to only fix an immediate concern or emergency.
- We do not provide cosmetic services.

You may submit this form in one of the following ways:

- Mail to MPE Fund, PO Box 3319, Peabody, MA 01961
- Fax to MPE Fund office at 617.426.4411
- Scan and upload to mpefund.org/ADCForm
- ***We Do Not Accept Emails!***

You will receive a written confirmation of receipt of your Intake Form which will inform you of possible 'next steps'. You must allow a minimum of 30 business days from receipt of your form to receive any written confirmation which will be provided via first class mail.

Failure to answer all questions on Questionnaire will not receive consideration or a response.



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New Patient Intake Questionnaire

Fund Member Name: _____ Date: _____

Member Address: _____

Mailing address (include city, state and zip code)

Names of everyone for whom you are making this request:

Subscriber ID, if known (this is the unique number found on your MPE Fund Dental Plan Card)

Phone Number where we can contact you: _____

1. Do you have any current dental concerns?

☐ No

☐ Yes (please describe):

2. Our model often requires longer, and more frequent, appointments than in a more traditional dental office. Are you willing and able to commit to this model?

☐ Yes

☐ No

3. Are you aware of any barriers you have to coming to our oral health center (i.e. fear, anxiety, etc.)?

☐ No

☐ Yes (please describe):

4. Are you willing and able to commit to our model of care?

☐ No

☐ Yes

Please note: Submission of this form is not a guarantee that the Alliance Dental Center can accommodate you as a patient. Our model is not always a 'good fit' for all Fund members. You should therefore continue to use the benefits available to you as an MPE Fund member. If you need help locating a dental office, you may contact the MPE Unit at 800.325.6277.