



NCDS

North Carolina Dental Society Patient Request for Mediation

When we receive this completed form, a Dentist Mediator will be assigned and will contact you to discuss your case and help resolve this issue. While a refund of the charges you have paid is one of the options that may be recommended by the Mediator, *a request for a refund should not be made in writing or on this form.*

Patient Information:

Date ____/____/____ County _____

Name _____ Email: _____

Address _____

City _____ State _____ Zip Code _____

Home Phone:(____) _____ Cell:(____) _____ Work:(____) _____

Dentist Information:

Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip Code _____

County _____ Date of Last Appointment ____/____/____

Please describe the problem(s) specific to the dental treatment received (add extra pages, if needed):

How have you tried to resolve the problem(s) with the dentist?

What outcome do you hope to see from the Patient Mediation process?

Please give a phone number and the best time of day when the Mediator will be able to contact you.

Day Phone: (_____)_____ Time: _____

Night Phone: (_____)_____ Time: _____

In order that a complete review may be performed, I authorize the release to the Patient Mediator of any dental records or information by anyone who has examined me previously. I further give my permission for the Patient Mediator to perform a clinical examination if necessary. I understand that a copy of this form may be shared with the dentist in question.

Signature

Please return this completed form with additional information by email to pallen@ncdental.org. Emailing this information means it can be reviewed quicker.
OR mail to:
Priscilla M. Allen
North Carolina Dental Society
1600 Evans Road
Cary, NC 27513
919-234-4027 office direct