

CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

Ryan White Part A Program Dental Exception Request Form

Date:

Form Submitted by:

Organization:

Phone:

Email:

Client ID:

Client verified eligible for Ryan White Part A: Yes No

Procedure Cost:

Procedure Timeline:

Exception Request Description:

Please return completed form by email to aidov@ccbh.net and elark@ccbh.net. Please attach any supporting documents, such as proof of medical necessity.

FOR CCBH USE ONLY:

PART A Review:

REQUEST APPROVED:

REQUEST DENIED:

SIGNATURE:

EHE Review:

REQUEST APPROVED:

REQUEST DENIED:

SIGNATURE:

NOTES: