

# Enforcement Complaint Form

version 1.13

(Submission #: HQN-6TYF-R09BW, version 1)



## Details

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Submission ID HQN-6TYF-R09BW

## Form Input

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### Complaint Form

Profession Name  
Board of Dental Examiners

Name of Licensee: - This information is required under Plc. 204.03 or the complaint will be rejected. OPLC cannot investigate complaints that do not identify an individual licensee. Please see our FAQ section regarding complaints against facilities.

Daniel [Redacted]

Licensee # (if known):  
NONE PROVIDED

Information Blocked For Privacy

Address where the incident took place:

24  
N

Name of Business (if known):  
Cowdrey Firm

Your Contact Information - This information is required under Plc. 204.03 or the complaint will be rejected. OPLC will provide your identity and contact information to the licensee should you choose to file a complaint. Please see our FAQ section before requesting anonymity.

|                       |            |
|-----------------------|------------|
| First Name            | Last Name  |
| Daniel                | [Redacted] |
| Phone                 | Extension  |
| [Redacted]            | [Redacted] |
| Business              |            |
| Email                 |            |
| greenkotspr@gmail.com |            |
| Address               |            |
| 37                    |            |
| Ti                    |            |

### Complaint Details

Date(s) of incident:

| Date       |
|------------|
| 10/01/2024 |

Witnesses/Observers:

| Name: | Title: | Address: | Phone: | Email: |
|-------|--------|----------|--------|--------|
|-------|--------|----------|--------|--------|

## Complaint Narrative

### Complaint Description (10000 character max)

Formal Complaint ♦ Failure to Validate Billing and Ongoing Collection Activity

To Whom It May Concern,

I am submitting a formal complaint against [REDACTED], a dental provider licensed in the State of New Hampshire, regarding ongoing billing practices and failure to pay alleged debt.

Since October 2025, I have received repeated billing statements for an alleged balance dating back to October 2024. I have formally disputed this debt in writing on multiple occasions, including correspondence sent via certified mail, and have requested validation of the charges.

Despite these repeated requests, the provider has failed to provide:

An itemized statement of services rendered

Treatment records supporting the charges

Documentation of insurance billing and any adjustments

Any substantive response addressing the basis of the alleged debt

Instead, the provider has continued collection activity without providing documentation to support the validity of the charges.

This pattern has persisted despite my good-faith efforts to resolve the matter. The continued billing activity without verification raises concerns regarding billing transparency, record-keeping, and professional obligations to patients.

I respectfully request that the Board:

Review this matter and the provider's billing and communication practices

Require the provider to produce documentation substantiating the alleged charges

Determine whether disciplinary action or corrective measures are warranted

I am prepared to provide copies of all correspondence, including certified mail receipts and dispute letters, upon request.

Thank you very much for your time and attention to this matter.

Kindest regards,

Dannielle [REDACTED]

### Attachments

NONE PROVIDED

### Comment

NONE PROVIDED

### Signature

Dannielle [REDACTED]

-Please note the specific provision(s) of RSA 326-B: 37, II or Nur 402.02 on which the complaint is based.

Pharmacy/Pharmacist Complaint:

- Prescription number(s) of prescription(s) involved in this complaint;
- Patient's Name if different from complainant;
- Relationship to the complainant;
- Was the a new or refill prescription order;
- Was the offer to counsel given and was it given or was it refused;
- From the prescription bottle and record the initial of the dispensing pharmacist, which are printed on the label; and
- Have you spoken with anyone at the corporate level, if yes who?

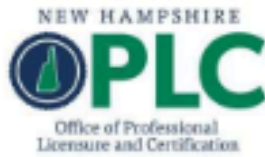
Professional Engineers, Architects, Land Surveyors, Natural Scientists, Foresters, Professional Geologists, Landscape Architects, Court Reporters, Home Inspectors, Manufactured Housing Installers, Real Estate Appraisers, Electricians and Certified Public Accountants:

- Whether or not the job was inspected by local authorities;
- The date(s) and the inspector(s) who performed inspections;
- Was the licensee informed about the filing of this complaint;
- Was any civil action taken and what was the outcome; and,
- Was any other licensed professional consulted about the problem?

Real Estate:

- Name and address of the seller;
- Name and address of the purchaser;
- Location of the Property; and
- Was any agreements made orally or in writing (if in writing include a copy)?

All health related complaints may require the completion of the Medical Release Form. Should this be needed, the form will be sent to you for completion.



Deanna Jurius  
Executive Director

Sarah E. Rogers, Esq.  
Director

STATE OF NEW HAMPSHIRE  
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

*DIVISION OF ENFORCEMENT*

7 EAGLE SQUARE, CONCORD, NH 03301-4980  
Telephone: 603-271-2152  
TDD Access: Relay NH 1-800-735-2964  
[www.oplc.nh.gov](http://www.oplc.nh.gov)

May 7, 2026

Danielle Courchene  
[greenlotspr@gmail.com](mailto:greenlotspr@gmail.com)

Dear Ms. Courchene:

**In re: NOTICE OF DEFICIENCY**

Thank you for filing a complaint with the Office of Professional Licensure and Certification. The Division of Enforcement depends on members of the public like you to make us aware of violations of professional conduct that occur to perform our duty to protect the public.

Your complaint has been rejected because it lacks essential information for our department to proceed with the investigation of a licensee. Under Plc 204.03, which details the Required Contents of a Complaint, all complaints must contain:

1. The name of the individual or business that is alleged to have engaged in the conduct complained of,
2. Identifying information of the individual who is making the complaint, and
3. A clear and concise statement of the facts on which the complaint is based.

Specifically, the complaint you filed did not meet the required contents of a complaint because you listed yourself as the Licensee, and the Complaint Narrative portion of the complaint is against a facility (Family Dentistry) rather than an individual licensee.

Due to this deficiency, your complaint is rejected at this time. However, this rejection does not bar you from re-filing the complaint with the required information. We hope that you will re-file your complaint with complete information so that we can assist you further.

Regards,

Division of Enforcement  
State of New Hampshire  
Office of Professional Licensure and Certification  
7 Eagle Square • Concord, NH 03301