



Montgomery County Veterans Service Commission
627 Edwin C. Moses Boulevard
4th Floor East Medical Plaza
Dayton, OH 45417

Preventive Dental Assistance Program

Memorandum of Understanding

A Memorandum of Understanding (MOU) between:

Dental Healthcare Provider: _____

and the Montgomery County Veterans Service Commission (MCVSC)

The purpose of this MOU is to define and outline the responsibilities of the healthcare provider and the MCVSC for the Veterans Preventive Dental Assistance Program. Please return this MOU and W-9 to this agency via the mailing address or to veteransinfo@mcoho.org. This outlines each parties' responsibilities:

Dental Healthcare Provider will:

- Must have a W-9 on file with the Montgomery County Auditor's office.
- Collects required information (dental voucher and copy of Montgomery County Veteran's ID) and returns with invoice for services rendered on a 30 day basis.
- Provide approved dental services to the Veteran.
- One voucher will be issued annually to a Veteran who is approved.
- Submit invoices once a month to the Montgomery County Veterans Service Commission via USPS or by email.
- May invoice the Montgomery County Veterans Service Commission no more than \$35 for an individual who did not cancel before 24 hours of scheduled appointment.
- The voucher will be utilized for payment of services rendered.
- The provider agrees preventive dental reimbursement for services will not exceed:
 - Dental Examination \$98
 - Cleaning \$98
 - Fluoride treatment \$47
 - Wing bite X-ray \$71
 - Panoramic X-ray \$121

Total: \$435

Montgomery County Veterans Service Commission will:

- Will determine eligibility and approve Veterans
 - 1) Veteran must have been discharged from service with at least one "General" or higher characterization, **AND**
 - 2) At least (1) one day of active duty service outside of training, **OR** currently receiving VA Compensation or Pension, **AND**
 - 3) Veteran must have met with a Service Officer in our office within 2 years immediately preceding the voucher issuance, **AND**
 - 4) Be in possession of a valid Montgomery County Veterans ID Card from the Montgomery County Recorder's Office (located at 451 W. Third Street, Dayton, OH), **AND**

- 5) Veteran must be a Montgomery County resident for a minimum of 90 days, **AND**
 - 6) Income Verification - 250% of poverty level/family size of the current year
 - a. Can provide last tax return or current pay stub(s)/income
 - b. Report any VA Pension/Compensation amount
 - 7) Provide Veteran with a Dental Voucher that may be redeemed with participating dentists.
 - 8) Provide the Veteran with a complete list of participating providers that will accompany the voucher at the time of issuance.
 - a. Services are only valid and to be rendered by preapproved participating dentists.
- Provide transportation to Veterans, if needed.
 - Reconcile vouchers, and submit for payment to the Montgomery County Auditor.
 - Montgomery County Auditor issues payment to the address on the W-9.
 - Include a list of participating providers on the MCVSC website.

Provide Dental Healthcare name as you would like displayed in the information to the Veteran.

Name: _____

Address: _____

Telephone number: _____

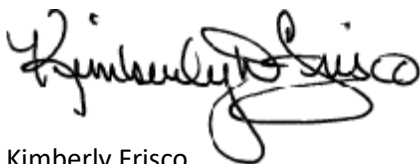
Website: _____

Signatures:

Dental Healthcare Provider: _____

Date: _____

Montgomery County Veterans Service Commission



Kimberly Frisco
Executive Director