Montgomery County Veterans Service Commission



Preventative Dental Program Provider Guidelines and Remittance Procedures



MONTGOMERY COUNTY VETERANS SERVICE COMMISSION



627 Edwin C. Moses Boulevard 4th Floor, East Medical Plaza Dayton, Ohio 45417 Phone: 937-225-4801 Fax: 937-225-4854

Fax: 937-225-4854 www.mcvsc.org

Thank you for your interest in partnering with the Montgomery County Veterans Service Commission to provide annual preventive dental care to our eligible Veterans. The role of the Dental Assistance Program is to promote good oral hygiene and overall health through connecting Veterans with local dentists in the community.

In order to maintain the integrity of the program, the process has to be initiated by the Veteran with our agency. All eligibility requirements will be approved or denied through the Montgomery County Veterans Services Office. Each veteran may be eligible for <u>ONE DENTAL VOUCHER</u> per year.

The preventive program will cover an invoice not to exceed the following amount for services rendered:

•	Dental Examination	\$98
-	Dental Laurination	$\Psi > 0$

• Cleaning \$98

• Fluoride treatment \$47

• Wing bite X-ray \$71

• Panoramic X-ray \$121

Total: \$435

Should the dentist discover other dental issues during the exam (other than root canal, braces, or crowns) we MAY provide assistance with additional items on a case-by-case basis based upon the treatment plan of the treating dentist. The Veteran will need to submit the treatment plan recommended by the treating dentist and cost to MCVSC for approval prior to treatment.

Please follow the guidelines for participation and invoicing in this provider packet. Feel free to contact me with any questions at 937-225-4866.

Kimberly Frisco Executive Director

Dental Assistance Program

SECTION (A) Purpose

1) The role of the Dental Assistance Program is to promote good oral hygiene and overall health through connecting veterans with a local dentist in the community. The services and scope of this program are limited to the items listed in Section C of this chapter.

SECTION (B) Eligibility

- 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 outside of training **OR**
- 3) Currently be in receipt of VA Compensation or Pension AND
- 4) Veteran must have met with a Service Officer in our office within 2 years immediately preceding voucher issuance **AND**
- 5) Be in possession of a valid Montgomery County Veterans ID Card from the Montgomery County Recorder's Office
- 6) Veteran must be a Montgomery County resident for a minimum of 90 days.

SECTION (C) Services Offered

- 1) Covered service shall only include the following treatment options:
 - a. Basic Annual Examination
 - b. Wing Bite X-Ray (if recommended)
 - c. Panoramic X-Ray (if recommended)
 - d. Basic Dental Cleaning
 - e. Fluoride Treatment (if recommended)

SECTION (D) Providers and Vouchers

- 1) One voucher will be issued annually to a veteran who is approved.
 - a. Replacement for a lost or stolen voucher will require a copy of the police report.
- 2) The voucher will be utilized for payment of services rendered.
- 3) At the time of dental appointment veteran must present the voucher, State Issued Identification and Montgomery County Veterans ID Card.
- 4) A complete list of participating providers will accompany the voucher at time of issuance.
 - a. Services are only valid and to be rendered by preapproved participating dentists.

Billing and Invoicing Procedures

The provider (Dental Practice) <u>must</u> have a W-9 on file with the Montgomery County Auditor's office. Information will be provided and can be returned to this agency via the mailing address or electronic address provided below.

The provider will collect required pertinent information and send invoices for all services rendered on a 30 day basis.

Invoices may be submitted once a month to the Montgomery County Veterans Service Commission via USPS or by email.

Mailing Address:

Montgomery County Veterans Service Commission Attention: Accounts Payable 627 Edwin C. Moses Blvd 4th Floor, East Medical Plaza Dayton, OH 45417 Electronic Address:

suddithb@mcohio.org

The following information needs to be submitted by the provider in a neat and logical format for each Veteran:

- 1. Copy of Montgomery County Veterans ID Card
- 2. Dental Voucher authorizing the services for the Veteran
- 3. Detailed Invoice for which services were rendered for the Veteran

Once information is reconciled, payment will be released from the Montgomery County Auditor.

Receipt of invoices to payment will be on Net 30 day terms.

The Montgomery County Veterans Service Commission voucher will be printed on security paper to prevent fraud.

DENTA		COMERY COUNTY	627 Edwin C. Moses Blvd. 4th Floor, East Medical Plaza Dayton, Ohio 45417 Phone: 937-225-4801 Fax: 937-225-4854		
Dreagnt this you shar with your Veteran ID to any participating Deptist at time of care					
Present this voucher with your Veteran ID to any participating Dentist at time of care. VOUCHER NO. 2022-					
			VOUCHER NO. 2022-		
			DATE ISSUED:		
			*VOID AFTER 180 DAYS		
ISSUED TO:					
Veterans Identification required at time of care.					
veterans identification required at time of care.					
APPROVED					
APPROVED NOT TO EXCEED FOUR HUNDRED AND THIRTY FIVE AND 00/100 DOLLARS\$435.00					
Providers:					
Return this voucher with a copy of the Veterans ID and invoice to the					
address at the upper right	for payment.				
Voucher Good For:					
Cleaning	\$98				
• Exam	\$98	ISSUED BY			
Wing Bite X-Ray	\$71 (if, recommended)	1330ED D1			
 Panoramic X-Ray 	\$121 (if, recommended)		Kimberly Frisco, Executive Director		

Sample Veteran County ID Card

FRONT



BACK

