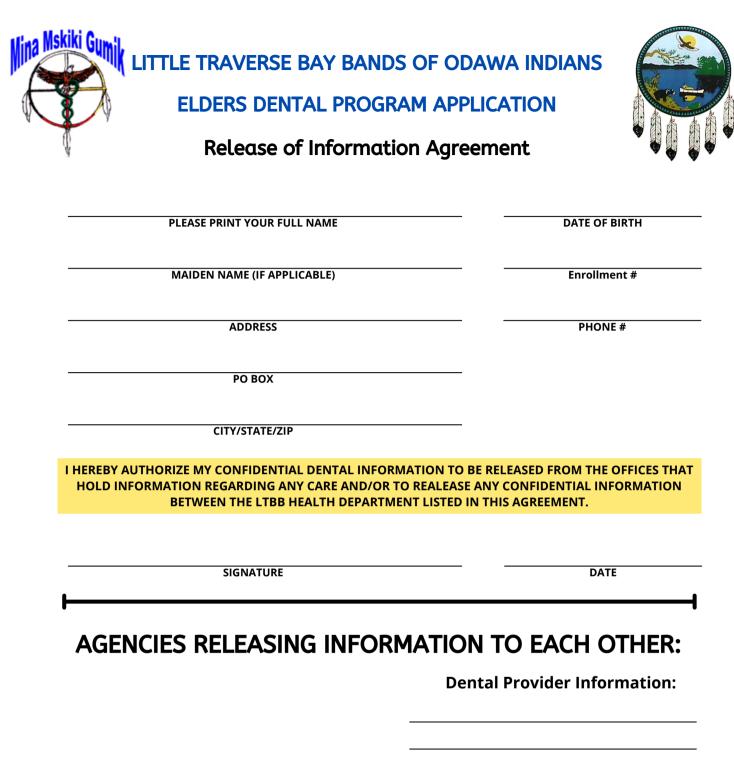
	, have reviewed the following
•	The Elders Dental Program can only be accessed <b>one (1) time</b> within the current calendar
	year. Since the Elder resides outside the LTPP 27 county convice area, they may utilize a deptal
Ū	Since the Elder resides outside the LTBB 27-county service area, they may utilize a dental provider of their choice and will be eligible for a maximum benefit of \$2,400 per calendar
	year.
	<ul> <li>IMPORTANT NOTE: The Elder <b>must</b> discuss with their provider about receiving payment</li> </ul>
	from the Elders Dental Program. If they do not accept payment from the program, the
	Elder will be responsible for all payments, and the program will reimburse them upon
	proof of payment to the dentist.
٠	A <b>Treatment Plan</b> from the dentist must be submitted with the application.
٠	Anything deemed cosmetic in nature <b>will not</b> be covered by the program. This includes, bu
	is not limited to, dental implants, orthodontics, and specialty coatings.
•	The Elders Dental Program is considered the PAYER OF LAST RESORT. This means <u>all</u>
	dental/medical insurance <b>must be billed prior</b> to the Elders Dental Program issuing
•	payment. The Elder is responsible for completing and submitting this application in <b>its entirety</b> .
•	The Elder is responsible for completing and submitting this application in <b>its entirety</b> including submitting <i>any dental insurance information, the treatment plan, and the Release of</i>
	Information Agreement
F A UI	JNDERSTAND THAT FAILURE TO FOLLOW THESE INSTRUCTIONS WILL RESULT IN MY APPLICATION BEING DENIED. I ALSO UNDERSTAND IF I PROVIDE FALSE INFORMATION CAN RESULT IN REFERRAL TO THE PROSECUTING ATTORNEY FOR FRAUD, AND/OR RECOVERY OF FUNDS PAID ON MY BEHALF. ************************************
	I AM CHOOSING TO BE REIMBURSED BY THE DENTAL PROVIDER HAS AGREED TO THE PROGRAM ACCEPT PAYMENT FROM THE PROGRAM



Little Traverse Bay Bands of Odawa Ind Health Department	ians -	
1260 Ajijaak Avenue		
Petoskey, MI 49770	-	
	AND	Dental Insurance Information:
Elders Dental Program		
P:231-242-1600		
F:231-242-1617		

### FOR OFFICE USE ONLY | LEAVE BLANK

# **Documentation Checklist**

Did the patient submit a completed application?

Did the patient submit a Treatment Plan?

Did the patient provide their enrollment number?

Does the patient have any dental insurance?

Did the patient complete the Release of Information Agreement?

**YES/NO** Has the patient already utilized the Elder's Dental Program within the calendar year?

## Notes:

APPROVED DENIED					
APPROVAL'S SIGNATURE	DATE				
APPROVAL'S PRINTED NAME AND POSITION TITLE					
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# What happens next?

- **#1** The application is submitted to the Citizen Program Specialist (CPS) for review.
- **#2** The CPS will review the application, treatment plan, and all other supporting documents.
- **#3** A letter will be submitted to the patient with the determination of coverage.

If **approved**, the patient may now coordinate with their doctor and schedule appointments for the services.

If **denied**, and the patient disagrees with the determination, then they may submit a **written** appeal to the Purchased/Referred Care Manager.

Address: LTBB Health Department ATTN: Citizen Program Specialist 1260 Ajijaak Avenue Petoskey, MI 49770

A fillable appeal form is attached to this application.

*Questions?* Call 231-242-1600 (PRC)



ELDER'S DENTAL PROGRAM APPLICATION



#### APPEAL OF DENIAL

PLEASE PRINT YOUR FULL NAME

DATE OF BIRTH

ADDRESS

ENROLLMENT #

CITY/STATE/ZIP

PHONE #

Dear Purchased/Referred Care (PRC) Manager for LTBB,

I have recently received notification from the Citizen Program Specialist that I have been denied coverage through the Elders Dental Program. However, I believe this decision should be reconsidered for the following reasons:

In light of the information above, I respectfully request that you reconsider coverage for my services through the Elders Dental Program. If you have any questions or need further information, please contact me using the information listed above.

Thank you for your attention on this matter.