

Little Traverse Bay Bands of Odawa Indians
2019 Elders Dental Services Program

Date: January 1, 2019

Aanii LTBB Tribal Elder:

This letter is intended to provide you with information regarding the Elders Dental Service Program. The Elders Dental Services Program can be accessed one (1) time within current calendar year, and prior to any dental services performed. The Elders Dental Services Program will assist all enrolled LTBB Tribal Elders with particular dental expenses.

- Tribal Elder must provide a treatment plan that contains dental services being provided along with the cost of services. Only the following services shall be approved for payment:
Dentures, bridges, crowns, all prep work necessary to complete the aforementioned items, or such other items that would not be considered general maintenance or cosmetic in nature. **Examples of services that cannot be covered by the Elders Dental Services Program include: dental implants, orthodontics, all periodontal work, and specialty coatings, including whitening procedures.**
- Allowable expenses shall not to exceed \$1,500.00 per calendar year per Elder living in the LTBB 27 County Service Area and \$2,400 per Elder living outside of the LTBB 27 County Service Area.
- The LTBB Elder must exhaust all their available medical/dental coverage options before applying for this program. The LTBB Elders Dental Services Program is the payer of last resort.
- If an Elder resides within the LTBB 27 county service area they are to use the LTBB Dental Clinic and shall request an invoice of costs for services from the Dental Clinic.
- If an Elder resides outside the LTBB 27 county service area, they may participate in a direct billing option which requires the Dental Service provider to participate as an LTBB Vendor including submission of an invoice, prior to dental services being paid, **or**
- If an Elder resides outside the LTBB 27 county service area, they may participate in the reimbursement option. This option will require the Elder to first check with the Elders Dental Program to ensure that there are adequate funds available for reimbursement. The Elders Dental Program will reimburse the Elder upon receipt of an invoice for services showing that payment has been made.
- Complete release of information agreement.

Each elder is required to complete the enclosed application.

The Applicant will be notified of approval or denial in writing. If denied, the applicant will have 30 days to submit an appeal in writing to the LTBB Health Department, 1260 Ajijaak Ave Petoskey, MI 49770.

If you have any questions about the application process, please contact Purchased/Referred Care at (231) 242-1600.

Little Traverse Bay Bands of Odawa Indians
2019 Elders Dental Services Program

Name _____ Enrollment # _____
Address _____ Birth date _____
City _____ State _____ Zip _____ Phone _____

Dental Contact Information:

Dentist Name _____
Complete Mailing Address _____
Your Account Number _____

- The Elders Dental Services Program can be accessed one (1) time within current calendar year, and prior to any dental services performed. Work must have taken place on or after January 1, 2019. I hereby certify that all information in this application is true, correct, and complete to the best of my knowledge.
- I understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud, and/or recovery of funds paid on my behalf.
- I understand that failure to provide all necessary information and documentation can result in denial of my application.
- I understand that I may submit written appeal if I disagree with action taken on this application.
- I understand that there is no guaranteed payment towards my bill until my application has been approved.
- **Must provide copy of Tribal ID.**
- **If you live outside the Indian Health Service 27 county area you must provide your dental contact information.**
- **You must complete a release of information agreement.**
- **You must exhaust all your dental insurance before applying for this fund.**

Applicant's Signature _____ Date _____

Approval Signature _____ Date _____

Documentation Checklist-Office use only do not write below this line

- Completed application
- Treatment Plan
- Release
- Tribal ID

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| NOTES: |
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LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS
Health Department
1260 Ajijaak Ave.
Petoskey, MI 49740

RELEASE OF INFORMATION AGREEMENT

Name: _____
(Last) (First) (MI)

Maiden Name: _____ Alias: _____

Date of Birth: ____/____/____

Address: _____
(Street) (P.O. Box) (County)

(City) (State) (Zip)

Home Phone Number: ____/____/____

Cell Phone Number: ____/____/____

I hereby authorize my confidential dental information to be released from the offices that hold information regarding any care and/or to release any confidential information between LTBB Health Department listed in this agreement:

Applicant / Client Signature: _____ (Date)

Tribal I.D. number

Agencies Releasing Information To Each Other

Little Traverse Bay Bands of Odawa Indians
Health Department
1260 Ajijaak Ave.
Petoskey, MI 49770
Phone No: (231) 242-1600
Fax No: (231) 242-1617

Dental provider:

Dental insurance company:
