



Georgia Transplant Foundation

Enriching Lives Everyday

Dental Assistance Program Provider Information Sheet

The Georgia Transplant Foundation (GTF) developed a Dental Assistance Program to address the needs of patients attempting to be listed for an organ transplant. Chronically ill patients, often living on a fixed income, cannot afford extra dental costs, yet they must be cleared from a dental perspective to be eligible for transplant. Waiting times for organ transplants can span 2-5 years. GTF's dental assistance program's main focus is to expedite dental care, thus expediting a patient's listing for transplant. In order to receive dental clearance for transplant, a patient needs to be **clear of infection. Thus the goal of any dental work provided by GTF is to clear infection, not necessarily to complete a full scope of potential dental needs.**

GTF has developed a fee schedule of covered procedures. We are asking you to review this schedule and consider providing dental services to this client based on the attached fee schedule and reimbursement process. As GTF supports members of the transplant community in receiving quality affordable dental care, we ask that each service provider agree to charge the lower amount of either your routine fee or the fees on the attached schedule.

Responsibilities of the dentist are as follows:

1. The **patient is responsible** for the cost of their initial visit with you.
2. Review the attached fee schedule.
3. If in agreement to accept payment from GTF at our fee schedule pricing, please sign attached agreement and **give to the patient** to submit with their GTF request.
4. **Provide patient** with a written treatment plan for all dental care needed.
5. If GTF approves the patient's application, GTF will fax dentist an approval letter for payment.
6. Dentist can then schedule client for dental treatment, which should be completed within 90 days.
7. Dental office will fax GTF a bill when **approved treatment** is completed.
8. GTF will pay invoice to dentist according to previously agreed fee schedule within 10 business days.
9. No "add-on" treatment or follow up treatment will be covered by GTF.
10. **No treatment will be paid without prior approval by GTF.**
11. Future dental needs are the responsibility of the client and there is NO further responsibility from GTF.

Thank you for working with this client and the Georgia Transplant Foundation to meet the dental requirements of patients who need to be listed for a transplant. If you have any questions please feel free to contact Rebekah Moshiri, Program Manager of Patient Services at 770-457-3796.