



Donate Life South Carolina
4200 E. North St, 22 Centre East
Greenville, S.C. 29615
•Tel: 864-609-5270 •Fax: 864-609-5387 •
Toll free: 877-277-4866
www.donatelifesc.org

Dental Assistance Program Provider Information Sheet

Donate Life South Carolina (DLSC) has adopted this 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. DLSC's dental assistance program's main focus is to expedite dental care, thus expediting a patient's listing for transplant.

DLSC 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 DLSC 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 DLSC at fee schedule pricing, sign attached agreement and **give to patient** to submit with DLSC request for payment.
4. **Provide patient** with a written treatment plan for all dental care needed.
5. If DLSC approves the patient's application, DLSC 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 DLSC a bill when **ALL treatment** is completed.
8. DLSC 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 DLSC.
10. **No treatment will be paid without prior approval by DLSC.**
11. Future dental needs are the responsibility of the client and there is NO further responsibility from DLSC.

Thank you for working with this client and Donate Life South Carolina 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 Adriane Gonick, Office Manager of DLSC at 864.609.5270 ext. 101.



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Provider Agreement Form

I have read the Provider Information Sheet and understand my responsibilities. I have reviewed the attached fee schedule and agree to provide services to the following transplant candidate/recipient _____ for the amount listed on the treatment plan and in accordance to the DLSC fee schedule or my routine cost, which ever cost is less.

I understand that the Dental Assistance Program's purpose is to expedite transplant readiness and will work to complete the dental procedures needed within 90 days, if possible.

Signature

Fax

Name

Address

City

State

Zip code

Phone

Fax

Billing Manager - to handle billing and payment

Give this signed form and treatment plan **to the patient** to submit to their transplant social worker/coordinator who will then send to DLSC along with their application.



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PROCEDURE	FEE	PROCEDURE	FEE
Examinations		Endodontics (Root Canal)	
Initial Oral Examination	Pt Pays	Single Canal	\$450
		Two Canals	\$550
X-Rays		Three Canals	\$600
Full Mouth	\$80		
		Crowns	
Preventive		Crowns are covered only on molar teeth	\$600
Prophylaxis - Adult cleaning	\$60	with a current root canal	
Debridement (full mouth)	\$170	Core build up	\$90
Periodontal Scaling and Root (per quad)	\$175		
		Prosthodontics	
Restorations / Fillings		Complete Upper Denture	\$650
Amalgam - One Surface	\$70	Complete Lower Denture	\$650
Amalgam - Two Surfaces	\$90	Upper Partial Denture	\$650
Amalgam - Three Surfaces	\$100	Lower Partial Denture	\$650
Amalgam - Four + Surfaces	\$115		
		Other Services	
Resin - One Surface	\$85	General Anesthesia - first 30 minutes	\$200
Resin - Two Surfaces	\$110	General Anesthesia - each additional 15 min	\$50
Resin - Three Surfaces	\$120	IV Sedation - first 30 minutes	\$195
Resin - Four + Surfaces	\$130	IV Sedations - each additional 15 minutes	\$80
Oral Surgery (includes local anesthesia)			
Single Tooth Extraction	\$95		
Additional Tooth Extraction	\$65		
Surgical Extraction of Tooth	\$160		
Gingivectomy (per quad)	\$275		
Alveoplasty (per quad)	\$150		
Alveoplasty (less than a quad)	\$55		

*DLSC is a Non-Profit Agency
 An Annual Financial Limit Applies To Each Patient For All Services Rendered*



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Dental Assistance Program Patient Information Sheet

Donate Life South Carolina (DLSC) has adopted this 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. DLSC's dental assistance program's main focus is to expedite your dental care thus expediting your listing for transplant. This program is developed to help you restore your dental health in preparation for your transplant. Follow up care, including routine cleanings, will be your responsibility.

To access the DLSC Dental Assistance Program, you must work with your social worker/coordinator either in your dialysis center or transplant center. You will need to receive a treatment plan from a dentist and complete the **DLSC financial assistance application. Submit both documents to your social worker/coordinator for DLSC review.** DLSC will then contact the social worker to explain how we can help with your dental needs. **If approved, you will then make an appointment to begin your dental work.** You have 90 days to complete this dental work. Keeping appointments is extremely important. Please read the process listed below and give your dentist a copy of the "Provider Information Sheet" when you see him/her for your first visit.

1. If you are a **pre-transplant patient**, in order to be eligible for the Dental Assistance Program, dental needs must be the **FINAL** item required to be listed for transplant.
2. If you are a **post-transplant patient** there must be a serious health risk (such as risk of infection) that is documented by your transplant center in order to be eligible for the Dental Assistance Program.
3. Patient will schedule an appointment with a dentist and obtain a plan of treatment. This appointment is at the patient's expense, DLSC does not cover the cost of this visit.
4. Patient presents "Dental Provider Information Sheet" and fee schedule to dentist for review.
5. The dentist signs the agreement form, if willing to provide services at the documented fees. Dentist returns this form and the treatment plan to patient to attach with the application to DLSC.
6. Patient completes DLSC financial assistance application and submits to social worker/coordinator with signed agreement from dentist and treatment plan for dental needs.
7. **DLSC reviews the application and notifies the requesting social work of decision. DLSC must approve your dental work before you begin treatment or you will be responsible for the cost.**
8. DLSC faxes letter to dentist outlining the amounts agreed upon for payment.
9. Requesting social worker/coordinator notifies patient who schedules appointment with dentist.
10. Approval is good for 90 days and only services listed on the original treatment plan are covered.
11. Upon completion of all treatment, dental provider will fax bill to DLSC office for payment of previously agreed amount.
12. DLSC will pay the invoice within 10 business days.
13. Patient notifies the transplant center of the completion of dental work.