

Dental Office Procedures

The following information will help dental offices in procedures for filing a case through the Humanitarian Foundation, Dental Care for Children with Special Needs program.

1. The child must be under 18 and have one of the following conditions, to qualify.
 - A. Cerebral Palsy
 - B. Muscular Dystrophy and related neuromuscular diseases
 - C. Mental Retardation
(Mental Retardation covers from profound to two years, overall, developmentally delayed. When submitting under developmentally delayed a letter signed by their Physician or preferably a Licensed School Psychologist must accompany the application, stating the current mental age capacity.)
 - D. Organ Transplant Recipients
2. Form #1(Parent/Guardian) must be completed by the Parents and Form #2 (pre-treatment estimate form) must be completed by the Dentist, then both forms are sent to the local Grotto Representative (Dr of Smiles) for his signature. The Grotto representative will immediately forward both forms to the Humanitarian Foundation Office for processing. When there is no local Grotto or Dr of Smiles available, forms #1 & #2 must be sent directly to the Humanitarian Foundation Office, 430 Beecher Rd, Gahanna, OH 43230-1797. You may submit a computer printout of the pre-treatment estimate, but it must be attached to the original copy of Form #2, signed by the local Grotto Representative. Please submit to the representative first, to prevent delay in processing your treatment plan.
3. A **letter of approval** will be sent directly to your office, or a **fee adjustment letter** will be sent if the fees are higher than what our program can cover. **When the fee adjustment letter is returned, a letter of approval** will then be sent directly to the Dental office. When treatment is completed, the Dentist's office, hospital, anesthesiologist, etc. are instructed to send the billings directly to the Humanitarian Foundation office at 430 Beecher Rd, Gahanna, Ohio 43230-1797 for payment.
4. Payment will be issued within 30 days after the billing is received. Please make sure that the insurance company is billed first. Grotto is always the secondary carrier where insurance if available, with the exception of Medicaid recipients, who have full dental benefits (payment in full).
5. A computer printout may be submitted with your dental costs or an EOB form can be sent by the Hospital or Anesthesiologist.
6. Our program does not cover children covered by Medicaid, except in some cases if Medicaid does not cover a specified procedure, it can be considered with a Medicaid denial statement.
7. The Grotto Representative will have the forms needed for you to submit the child's case.
8. A local Grotto will sponsor all of the children that qualify from your office, or the Humanitarian Foundation when a Grotto is not located in the your State. The representative will have the necessary forms for the parent and dentist to complete. The Parent/Guardian form #1 can be found on our web site: www.hfgrotto.org
9. We hope this information will help you, if you have any further questions please feel free to contact our office anytime. 614-933-0711 fax: 614-933-0481
humanitarian.foundation@hfgrotto.org

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Humanitarian Foundation
Dental Care for Children with Special Needs

