



## THE MEDICAID FUNDING PROCESS

The process for Medicaid to fund for dental treatment can be confusing. Medicaid will make funds available to pay for the dental treatment for the patient once all paperwork requirements are met and dental treatment is complete. **Smiles On Site is not paid directly by Medicaid. The contract to provide dental service is between you and Smiles on Site.**

### THE PROCESS

**Medicaid** residents usually have a monthly income from their Social Security or retirement check. This is known as the applied income.

The applied income is the amount you pay the facility either monthly or through direct deposit.

After Smiles On Site submits the dental bill to Medicaid, the caseworker will notify you by Form 4808 or 1259 that they are adjusting the applied income to pay the outstanding dental bill. When Medicaid adjusts the applied income, they are making extra funds available to pay the dental bill. There are no out of pocket costs as long as the resident remains in the facility.

Most resident's funds are handled by the nursing facility and the facility will pay the Smiles On Site dental bill. However, if you handle the resident's funds, the Medicaid forms you receive will instruct you to begin paying Smiles On Site. The forms will specify the amount and for how many months to make the payments.

The Medicaid payment plan is valid only if the resident continues to live in the facility. If the resident moves to another facility prior to the completion of the Medicaid payment plan, the plan will follow the resident and remain in force. Should the resident move home or into a community-based facility, the plan will end and you could become responsible for any remaining payments.

I authorize the Texas Department of Aging and Disability Services and the resident's nursing facility to release available information, all related financial documentation and responsible party name, address, and phone number to Smiles On Site. I also authorize reimbursement to Smiles On Site per Medicaid documents, otherwise payable to you, to be paid directly to Smiles On Site for services rendered.

### Resident:

(X) \_\_\_\_\_  
Signature of Patient or Responsible Party Date

### RESIDENT RESPONSIBLE PARTY AUTHORIZATION FOR MEDICAID

I authorize release of dental treatment information to this Nursing Facility staff. (Autorizo la entrega de informacion sobre el tratamiento dental para el personal de enfermeria.

If MEDICAID payments are applicable, I authorize release of any and all information including medical and financial history to the Texas Department of Human Services (TDHS). I also authorize TDHS to release available Applied Income for dental services and responsible party name/address/phone to SMILES ON SITE.

(Si los pagos de MEDICAID son aplicables, autorizo a proporcionar toda la informacion incluyendo la historia medica y financiera al Departamento de Servicios Humanos de Texas (TDHS). Autorizo tambien TDHS para liberar los ingresos disponibles aplicadas por servicios dentales, y autorizo a proporcionar al SMILES ON SITE mi informacion personal incluyendo al persona responsable nombre, direccion, y telefono nombre /direccion/telefono a SMILES ON SITE.

X \_\_\_\_\_  
Resident or Responsible Party Signature Date Signed (FECHA)  
(Residente or persona responsable firma )