



CEDA

Community and Economic Development
Association of Cook County, Inc.

www.cedaorg.net

Dental Provider Registration Packet

CEDA's Family Support and Community Engagement

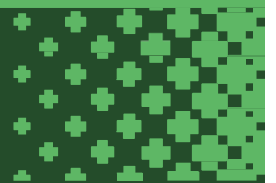


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Dear community businesses,

The Community and Economic Development Association of Cook County, Inc. (CEDA) is one of the largest private, nonprofit Community Action Agencies in the country, serving residents throughout Cook County, Illinois. **We serve more than 300,000 people and more than 150,000 households every year.**



CEDA offers a variety of programs and services in the areas of community and economic development, education, emergency assistance, employment and training, energy conservation and services, health and nutrition, and housing. We learned from our 2021 Community Needs Assessment how important dental care needs are to so many individuals and families that currently do not have the means to obtain or gain access to these services.

We invite you to partner with us in providing these vital services to the community. Your participation in this program will help reduce barriers that hinder families striving for self-sufficiency. In the process, your business will help give people hope and a chance to realize their full potential.

Please visit our website at cedaorg.net to download our Community Needs Assessment and review all the services we provide to families. Enclosed you will find more information on our Dental Care Program, policies, procedures, and a Provider Registration Packet with instructions on how to become a vendor.

Our mission is to empower individuals, families, and communities facing poverty to secure a better quality of life. We hope you will partner with us in this endeavor.

Sincerely,



Harold Rice, Jr.
CEO/President

Program Purpose

The purpose of CEDA Family Support and Community Engagement (FsACE) Dental Care Program is to help suburban Cook County residents with low incomes to get dental care they need to stay healthy or to pursue their employment or education goals. This is done by giving them access to dental care through a network of licensed and insured providers. The assistance provided by this program is funded by CEDA's Community Services Block Grant (CSBG).

How the Program Works

Individuals interested in CEDA FsACE programs, must complete an intake process with CEDA which determines their eligibility to receive services. Eligible customers must live within suburban Cook County and meet program income guidelines.

Referral Form Issuance

Eligible customers interested in dental care services will receive a Referral Form from CEDA and identify a vendor of their choice from the provider list. Customers will then schedule an estimate appointment with the provider to determine the services needed.

Estimate Appointment

During the estimate appointment, customers will present their CEDA Referral Form and valid ID to the provider. We ask that providers conduct a comprehensive exam of the treatment services needed. Providers can bill CEDA for exam services. A treatment plan should be sent to CEDA to continue voucher processing. **Please note: CEDA is a tax-exempt organization and documentation including exams and billing should reflect this status.**

Voucher Issuance

Once the treatment plan is sent to CEDA, a voucher will be issued for services. The voucher will indicate the services to be provided, the vendor selected, and the approved amount for services to be paid by CEDA. (see voucher example on page 8)

1st Service Appointment

Once approved, CEDA will send the voucher directly to the provider and coordinate the scheduling of the first appointment, which must be within 14 days. During the first service appointment, the customer must present a valid photo ID to the provider. Providers must copy the photo ID provided and ensure the correct person is accessing the service. At the first service appointment, the provider will complete the services approved on the voucher.

Completing Service / Billing

If necessary, another appointment will be scheduled to complete the services. However, all voucher services must be fulfilled within 45 days of the first service appointment date. After all services for the customer have been rendered, the provider invoices CEDA (further explained on pages 10-12). Once all billing documents are submitted, CEDA pays the provider directly within 45 days.

Provider Eligibility

In order to achieve the purpose of this program, CEDA partners with dental care providers who meet the following criteria:

- Licensed dentists in the state of Illinois
- Provide care to patients in a location within the state of Illinois
- License must be in good standing with the state of Illinois and possess a history free of disciplinary actions
- Providers must also have a minimum of three (3) years' experience

(Information on provider registration is available on page 14)

Covered Services

This program issues dental care vouchers for customers to access treatment to relieve pain, bleeding and/or infection, chewing and eating difficulties. *(See voucher example on page 8)*

Under most circumstances, it does not cover prophylactic or routine dental procedures, nor does it cover any cosmetic procedures unless the procedure will be for the replacement or repair of missing, broken or decayed front teeth.

Only the conditions previously mentioned will be covered by the CEDA FsACE Dental Care Voucher. If you as the dental provider believe that another procedure is necessary to complete treatment, please contact the CEDA FsACE Regional Manager listed on the voucher to get prior approval.

Please note: The dental care program cannot be used to pay for dental services that were performed before the date the voucher was issued.

Dental Care Voucher

1. Payment for covered services includes the first visit to determine the care required, including x-rays. The cap amount per household is up to \$5,000.

Coverage includes:


- Preventive and diagnostic care such as exams, x-rays, and cleanings
- Basic restorative care such as fillings, root canals, and other essential procedures to address dental issues before they worsen
- Major restorative care such as dentures, crowns, bridges, and implants, which are critical for individuals with significant dental issues

***Vouchers are issued based on eligibility for a one-time event per person*

2. Customers must bring a valid photo identification card to receive services. Please Note: A copy of the photo ID and voucher must be submitted with your invoice upon completion of dental services.

3. Dates of service must correspond with the dates of service indicated on the voucher. In other words, the customer must have an appointment scheduled with a dental provider within fourteen (14) business days of the date listed on the FsACE Dental Care Voucher. Keep in mind that all related dental care associated with the voucher must be completed within 45 business days from the 1st appointment date.
4. The voucher issued will show the dental practice to which it is made. All billing and invoicing will have the exact same provider (and treating dentist) information listed.
5. Only approved dentists can provide services to customers through this program. Services provided by a non-approved dentist will **not be paid** by the customer nor CEDA.
6. If a voucher was issued incorrectly and needs to have the provider information corrected, please contact CEDA FsACE regional office to request a corrected voucher. Furthermore, approved vouchers and patient service plans cannot be revised without direct approval from CEDA FsACE management staff.
7. Patients must receive any removable devices before CEDA FsACE dental assistance can make payment to the provider.
8. In cases where the customer has other dental coverage, such as insurance, Medicaid, etc., all other dental plans must be billed PRIOR to applying the value of the voucher.
9. Vouchers are valid for individual treatment only and are not transferable to others.
10. If the same patient (or another household member) needs services for a different dental problem, that person will need to contact the CEDA FsACE Dental Care Program to determine eligibility. If approved, a new voucher for the care will be issued.

Dental Care Voucher (EXAMPLE)

 Family Support and Community Engagement (FsACE)	Customer Name <u>Jacqueline</u> <u>Jones</u> <small>First Last</small> Address <u>123 Main Street</u> <u>Park Forest</u> <u>IL</u> <u>60466</u> <small>Street City ST Zip</small> Site <u>South</u>	Service Date <u>04/01/XX</u>
<h2 style="margin: 0;">2025 DENTAL CARE PROGRAM VOUCHER</h2>		
SERVICE VOUCHER DETAILS		
Date <u>04/1/20XX</u> Voucher No. <u>SA-XX-05</u>		
<u>Jacqueline Jones</u> <small>Authorized Recipient</small>	<u>Dr. Janet Thompson</u> <small>Dental Care Provider</small>	
<u>123 Main Street</u> <small>Address</small>	<u>53 South Village Road</u> <small>Address</small>	
<u>Park Forest, IL 60466</u> <small>City, ST, Zip</small>	<u>Richton Park, IL 60471</u> <small>City, ST, Zip</small>	
<u>708-555-5555</u> <small>Phone</small>	<u>jjones123@gmail.com</u> <small>Email</small>	<u>(708) 973-5444</u> <u>abcdentalcare@gmail.com</u> <small>Phone Email</small>
<p>SERVICE DISCLAIMER</p> <p>This authorization is non-transferable and has no cash value. The authorized recipient must provide valid identification upon request. The recipient must schedule their dental appointment within 14 business days of this authorization, and all approved services must be completed within 45 business days or by December 31, 2025, whichever comes first. [Note: CEDA reserves the right to request an earlier completion date if required by the funding source.]</p> <p>The authorization can only be used for the dental provider listed above. The FsACE Dental Care Program will authorize up to the approved amount of \$0 for allowable dental services. However, no household will receive more than \$5,000 in total program assistance. Each eligible household member will receive a separate authorization, and there is only one authorized service recipient per authorization.</p> <p>Any costs exceeding the authorized amount are the responsibility of the recipient and must be paid before service. CEDA does not assume responsibility or liability for any services rendered by third-party dental providers. Utilization of this authorization constitutes acceptance of these terms.</p> <p>#VALUE!</p> <p>Upon completion of the service, the provider must submit the billing invoice, a digital image of the original authorization, and participant verification to CSBGInvoice@cedaorg.net.</p>		
SERVICE REQUESTED		
<u>Janet Green</u> Site <u>South</u>		Approved Voucher Amount Not to Exceed
Ms. Jones is in need of dental care assistance. Per the treatment plan, she is need of partials.		\$ 1,000.00
SERVICE REQUEST CERTIFICATION		
I certify that the above service request complies with the authorized criteria established by the CEDA FsACE Auto Repair Program. I further confirm that the service event is a new request and has not been previously completed by any other automobile repair provider.		
<i>Virginia Thompson</i> <small>Signature</small>	<u>Virginia Thompson</u> <small>FsACE Regional Manager</small>	<u>(708) 639-6669</u> <small>Phone</small>
_____ <small>Email</small>	<u>vthompson@cedaorg.net</u> <small>Email</small>	South <u>4/1/20XX</u> <small>Region Date</small>

Service Expiration / Void or Closed Vouchers

(TIME SENSITIVE)

1. All 1st appointments must be made within 14 business days of the date on the voucher
 2. All services must be completed within 45 business days from the 1st appointment date, or the end of the calendar year, whichever comes first.
 3. If an appointment is not made within 14 business days from the voucher issuance date, the voucher is void and cannot be used (please refer customer back to CEDA FsACE).
 4. If the customer fails to make a scheduled appointment and does not re-schedule within (2) weeks, the voucher will be closed (not available for future use) and you can submit for payment at that time by submitting the voucher and invoice for processing with an explanation to CEDA FsACE.
-

Fees for Services

CEDA FsACE Dental Care Program encourages the use of sliding scale fees for services, when possible, for those that are income eligible according to the dental provider's own fee policy. We track and appreciate these contributions as they allow the program to assist more qualified recipients in suburban Cook County.

A dental provider will be expected to utilize their usual and customary fee structure if a sliding scale does not exist. CEDA FsACE Dental Care Program requests that dental providers honor any coupons, discounts or advertised specials they offered at the time of service for covered services prior to applying the value of the voucher.

Billing for Services

Please read the voucher carefully. The voucher indicates that the customer is responsible for the portion of the treatment that exceeds the amount listed on the voucher. Please be mindful that we serve low-income families. It is not in the best interest of the customer or the dental practice to exceed the voucher amount. Keep in mind that excessive payment arrangements can create financial hardship for our customers.

Any agreed upon payment plan between the provider and patient for more than \$300.00 over the voucher amount **must get prior approval** from FsACE. The payment arrangement and approval must be submitted with the original invoice and voucher for processing.

Please note: CEDA is a tax-exempt organization and documentation including estimates and billing should reflect this status.

- **Please submit only one (1) invoice per patient.**
- **Invoices must be submitted within (30) business days from the completion of the work.**

If you are discounting services or providing a service at no cost, please indicate this on the invoice as well, so we can capture the actual cost and all discounted or donated services.

Billing invoices submitted for non-covered services will be denied and the individual may not be billed for these services.

If an appointment is not scheduled within 14 business days from the voucher issuance date, the voucher is void and shouldn't be used (please refer client back to CEDA FsACE Dental Care).

If the customer fails to come to a scheduled appointment and it is not re-schedule within (2) weeks, the voucher will be closed (not available for future use) and you can submit for payment at that time by submitting the voucher and invoice for processing with an explanation to the CEDA FsACE Dental Care Program.

Customers must present a valid photo ID to get services. Providers must copy the customer's ID and retain the original voucher to submit with the invoice for payment. CEDA cannot pay for services rendered without a voucher.

The date of service and itemized eligible services rendered must be exactly the corresponding information on the voucher.

Any additional services provided for the customer that are not covered by the voucher should be billed directly to the customer, separate from the procedures being billed to the CEDA.

How to Bill for Services

To submit billing, the provider will email the following documents to **csbginvoice@cedaorg.net**

1. Dental Care Voucher
2. Copy of customer's valid ID (*provided at the time of service*)
3. Any payment arrangement agreement (*if applicable*)
4. Billing Invoice
(*please ensure CEDA's tax exempt status is reflected*)

Billing that is mailed or faxed will not be processed.

Sending invoice documentation to an email other than **csbginvoice@cedaorg.net** will significantly delay payment processing.

Billing is processed quickly by CEDA. If your billing is prepared as described above and emailed to **csbginvoice@cedaorg.net** payment can be expected within 30 to 45 days.

All invoices must be submitted no later than 30 business days from the date of the completed service.

Referrals

Referring Customers to Dental Specialists

If the customer requires a referral to a dental specialist, the dental provider will need to provide that referral in writing to the customer with all the specialist contact information. The patient will need to notify the FsACE Dental Program to secure an additional voucher to be used with the specialist.

Referring Customers to Dental Providers

CEDA does not make direct referrals to any business but rather offers customers an option to choose from a directory of providers willing to participate in our program or a provider of their choice, who has submitted the necessary documents to become an approved provider.

Referring Customers to CEDA

We welcome customer referrals from service providers. If you would like to refer an individual or household to the CEDA FsACE Dental Care Program, please provide the customer with CEDA's Information and Referral phone number, which is (312) 795-8948.

Contact Information

For questions regarding **voucher or payment processing**, please contact the FsACE Regional Manager listed on the service voucher.

For questions regarding **dental care program policies and procedures**, please email csbgvendorinfo@cedaorg.net.

Provider Registration

Providers interested in participating in the program would submit the following documents via email to **sfreeman@cedaorg.net**.

- 1. Provider Registration Form** (see page 15)
- 2. Statement of Understanding** (see page 16)
- 3. W9 Form** (see page 17)
- 4. Vendor Add Form** (see page 18)
- 5. Current Business License**
- 6. General Liability Insurance**
- 7. Professional Liability Insurance (for each doctor participating)**

**W9 and Vendor Add Forms are needed to process payments*

Upon receipt and review of the documents, providers will receive notification of their status within one to two weeks. Approved providers will be added to our provider list, which is given to each customer to select a provider.



2025 DENTAL PROVIDER REGISTRATION FORM

Please print legibly. This information will be entered on the provider list.

PRACTICE NAME: _____

DENTIST(S) NAME(S): _____

STREET ADDRESS: _____

CITY _____ ZIP CODE: _____

COUNTY: _____ MULTIPLE LOCATIONS (please submit a separate form for each location that will participate.)

TELEPHONE NUMBER:(_____) _____ FAX NUMBER:(_____) _____

WEBSITE: _____

EMAIL: _____

DENTAL SPECIALITY: _____

LANGUAGES SPOKEN: _____

HOURS OF OPERATION: (Please indicate the specific times your office opens and closes)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____

TREATMENT:

- Treats Adults Treats Disabled Adults Treats Persons with HIV-AIDs Sedation YES NO
- Treats Children Treats Disabled Children Treats Persons with Diabetes

ACCESS:

- Free Parking Accessible by Public Transit Wheelchair Accessible

COSTS: (According to costs submitted in RFQ)

Exam Cost: \$ _____ Panoramic X-Ray: \$ _____ Full Mouth X-Ray: \$ _____

Would you like to limit the amount of referrals made to your office? YES* NO

* If yes, please indicate the limit: _____ per month _____ per year

TYPES OF INSURANCE ACCEPTED: Medicaid Medicare

Other: _____

Contact information for the Administrator of Accounts Receivable

Name: _____ Phone:(_____) _____ Email: _____



2025 PROVIDER STATEMENT OF UNDERSTANDING

I, _____ certify that I have read the attached
(Provider Name) and (Name of Practice or Business)

Provider Registration Packet and understand and will comply with all program policies and procedures including the following;

_____ **(Please initial here as your acceptance to all of the following)**

1. Billing Procedures and Timelines

- Billing packets must contain all supporting documentation, including a copy of the customer’s ID, customer voucher (retain a copy for your records), invoice, and if applicable, an approved payment arrangement.
- CEDA is a tax-exempt organization and documentation including estimates and billing should reflect this status.
- The invoice must be submitted within 30 days of service completion. Only one (1) invoice per voucher is accepted.

2. Vouchering Policies and Procedures

- An appointment must be made within 14 days of the voucher date.
- The service must be completed within 45 days of the first appointment date.
- The service must comply with the estimate or service plan.
- For void and closed vouchers, see program guidelines.

3. Approval Guidelines

- If service is anticipated to exceed beyond the (45) day time-frame, you must have an approved CSBG Extension of Service Authorization from CSBG on file.
- If service costs exceed voucher amount, follow program specific guidelines.

I understand that failure to comply with all program policies and procedures included in the Provider Registration Packet, may result in non-payment for services and/or termination of program partnership.

(Date)

(Printed Name)

(Signature)

Please note: This form must be completed for each doctor or business owner registering for the program.



Community and Economic Development Association
Of Cook County, Inc.

Vendor Add/Change Form

This information will be used by CEDA to process vendor payments. Failure to provide the requested information may delay or prevent the receipt of payments. If you are a new vendor, a signed W-9 form should accompany this form. If Action Requested is "Change", please note the reason for the change.

Action Requested (check one)		
NEW	CHANGE	CANCEL


If "Change" is selected, note reason for change:

Vendor Information
VENDOR NAME:
VENDOR ADDRESS:

Contact Information
PRIMARY CONTACT NAME:
E-MAIL ADDRESS:
PHONE NUMBER:
FAX NUMBER:

Vendor Mailing Address
COMPANY NAME:
STREET:
CITY, STATE, AND ZIP:

Remittance Address (if same as Mailing leave blank)
COMPANY NAME:
STREET:
CITY, STATE, AND ZIP:

Vendor Authorization	
SIGNATURE:	
TITLE:	
DATE:	

*** For CEDA Use Only ***

UPDATED BY:	DATE:
VALIDATED BY:	DATE: