



www.wodentalalliance.org
13440 W. Colonial Drive, Suite 5
Winter Garden, FL 34787
407.906.5064
info@wodentalalliance.org

Thank you for your interest in the West Orange Dental Alliance. We are happy that you are considering joining our network of providers and are willing to help us address the dental needs of the residents in the West Orange area.

“Access to dental care is a huge need everywhere but it became more real to me when I spent a short time working with the homeless population helping to address their dental needs. From women and children all the way up to the elderly, the needs were vast and there were so few options for patients to get the help they needed and so they suffered. It was through that experience that I determined to find a way to help with access to care for those who were struggling financially and simply would not be able to receive care on their own. Due to the West Orange Dental Alliance, we have a unique opportunity to be a part of a network of providers that can reach out to those in need and help them right here in our own offices and receive a reimbursement that will cover our costs. As we build our network, we will share stories of how lives are impacted and hopefully we can make a difference for our neighbors who have not been as fortunate in life as many of us have. I look forward to meeting with you and explaining more about what we are trying to accomplish and how we hope to do it”.

Dr. Debbie Titus

The goal of the West Orange Dental Alliance is to provide access to dental care for the residents of West Orange County who have not been able to address their urgent needs due to finances.

Attached you will find a “Provider Information Sheet” and a “Dental Alliance Network Provider Policy” which includes information regarding the program and providers’ participation. Please fill this out and submit and additional documentation to info@wodentalalliance.org.

If you have any additional questions or concerns please contact WODA Executive Director, Tiffany at 407.906.5064. We look forward to working with you!

Thank you,

Dr. Debbie Titus, Diagnostics Provider, WODA

Tiffany Williams, Executive Director, WODA



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Dental Alliance Network Provider Policy - Provider Copy

Please note "WODA" has been substituted for "West Orange Dental Alliance"

As a network provider for WODA you will be listed and promoted on our website and social media presence that will highlight our network providers along with any marketing or press releases. Our hope is that by promoting the good that our providers are doing, more dental professionals will join our network and the community will be aware of what we are doing and will also want to support the effort.

The program patients will go through a two- step application process. As of now, we are not charging the patients for treatment. Eligibility determination for patients will be based on financial need as well as proof of residency in West Orange Healthcare District.

Patients will be triaged by a Diagnostic provider who will assess the need and recommend a treatment. The WODA director will reach out to the various providers to schedule eligible patients at the provider's convenience and in their office.

When the patient arrives at your office, they will be advised to fill out your patient paperwork. If any additional emergent treatment is recognized at the time of the patients' treatment visit, a verbal or written request of additional treatment need will have to be requested for approval by the Executive Director/Diagnostics Provider.

Once treatment is completed, we will ask you to fill out a "Completion of Treatment" form so that we may input what was done into our dental software system. As part of the WODA provider network there will be funding for reimbursement for all our providers. We are aiming to reimburse procedures at as close to 50% to your UCR as is possible. However, all fees are negotiable. As we continue growing this program, the program and providers' needs may change and are up for discussion and negotiation. Your provider fee schedule will be on file for reference. Any fee that is not agreed upon at the 50% rate can be crossed off of your fee schedule and negotiated.

Please allow 2-3 weeks for reimbursement. A charitable contribution form and a 1099 will be sent by January 31, 2018.

WODA will not reimburse for the following; Examinations, anesthetic or anesthesia or any sedation methods.

As a program provider, you are asked to participate in one of the three dental day events' that WODA hosts during a one year period.

Please let us know if our WODA patients do not show up as that will impact their ability to participate further in the program.



Provider Information

Name: _____

Business Name: _____

Address: _____

Mailing Address: _____

Contact #: _____ Office #: _____ Fax #: _____

Tax ID#: _____

Check Payable Name: _____

Email (Correspondence for the program/patients): _____

Staff contact name for the program: _____

Operating Hours: M _____ T _____ W _____ R _____ F _____

S _____ S _____ Lunch hours _____

Specific Days/Times you can accommodate the programs patients: _____

How many program patients are you willing to see per month: _____

Additional documentation

Please submit your provider UCR fee schedule. This is will help us set your reimbursement fees up front.

We would like to pay tribute to your participation in the program by honoring you and your practice on our website. We also will periodically be doing press releases to promote our program as well as the providers who are contributing. If you would like to be included, please include your logo/photo and a brief description of why you are a part of WODA.

By signing below, I acknowledge that I have received a copy of the “Dental Alliance Network Provider Acknowledgment”

Signature of Provider

Date