How to apply for specialized dental funding

Step 3 – Reimbursement

Once treatment is completed, submit a claim to your private insurance first (if applicable).

Submit a Payment Request to the SickKids including:
- Reimbursement Request Cover Sheet
- Treatment Bills
- Insurance Paperwork (if applicable)

SickKids will send the payment to you.

After all treatment is complete, the person is discharged from the Dental Funding Program.

Dental Funding does not continue after 22 years of age.

How to apply for specialized dental funding for cleft lip and palate or facial/oral defects

McMaster Children’s Hospital Cleft Lip and Palate Team is one of 7 teams that use the Dental Funding Program offered by Ontario’s Ministry of Health and Long Term Care.

The Hospital for Sick Children (SickKids) is one of the teams and also the central paymaster for the Program.

The Dental Funding Program reimburses part of the cost for an eligible person’s approved treatment. This booklet explains the steps in this funding process.
How to apply for specialized dental funding

Steps in the funding process

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Step 1 – Eligibility

Who is eligible for funding?

To be eligible, a person must:

- Have a diagnosis that meets the Dental Funding Program’s requirements. This includes cleft lip and palate, craniofacial anomalies, some congenital oral defects and some acquired facial/oral defects.
- Live in Ontario and have a valid Health Card.
- Be registered in the Program before 18 years of age.

How does a person get accepted into the Program?

The team at McMaster Children’s Hospital will decide if a person is eligible and accept them into the Program.

1. A referral letter from the person’s dentist or dental specialist is required.
2. The person will be seen in a clinic to confirm that they are eligible.
3. If the person is eligible and accepted into the Program, the team will register them in a central database.
4. The person will get a letter confirming that they have been accepted into the Program.

Being accepted into the Program does NOT mean treatment is approved. You must go on to Step 2.

Step 2 – Approval

What is covered?

- The Program pays 75% of the costs for an approved treatment (after any private insurance coverage is claimed).
- Work must be done by certified dental specialists. This includes Orthodontists, Pediatric Dentists, Oral & Maxillofacial Surgeons, Prosthodontists, Periodontists, Oral Radiologists, and Endodontists.
- The cost of one complete course of treatment is covered. If treatment is for congenital or acquired oral facial defects, there is a cap (maximum amount) of $30,000.

The Dental Funding Program does not fund routine, basic dental care such as:

- annual check-ups
- fillings
- routine x-rays

How is a specific treatment approved?

A Pre-Determination is required for each separate provider and/or phase of treatment. This is a formal estimate from a dental specialist. It may be written on a standard dental claim form or another form used by the dental specialist.

Submit the Pre-Determination to the Team at McMaster Children's Hospital with a Pre-Determination Approval Cover Sheet.

- Follow the instructions on the Cover Sheet.
- Indicate if you have private insurance coverage, but do not send insurance paperwork at this time.

The Team will send you an Approval Letter stating the amount approved and giving you the go-ahead to start treatment.
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