

Reimbursement Advance Program

Pandemic financial support from Delta Dental of South Dakota

The Reimbursement Advance Program is intended to provide dental practices a cash flow to help cover the operating expenses of the practice. This program is voluntary, and all interested practices will need to apply.

Overview

- Reimbursement advance is available for April and May, 2020.
- Solo practices can receive \$10,000 per month for a total of \$20,000.
- Group practices can receive \$20,000 per month for a total of \$40,000.
- Advance payments will be recovered by Delta Dental of South Dakota in twenty (20) equal payments starting with the June 10, 2020 check run and continue through December 20, 2020.
- Any advance payments not collected by December 20 will be subject to a final settlement on December 31, 2020.
- The monthly advances will be in addition to any ongoing reimbursement payments, such as claims payments for emergency care.

Application and payment timeline

- A single application is needed to participate in the program for both months.
- Applications received and approved on or before April 10, 2020 will receive the April advance payment on or around April 15, 2020.
- Applications received and approved between April 11 - April 25, 2020 will receive the April advance on or around April 30, 2020.
- Applications received and approved after April 25, 2020 will receive only the May advance on or around May 15, 2020.
- All May advance payments will be received on or around May 15, 2020.
- All payments will be made using Electronic Funds Transfer (EFT). If your practice does not currently receive claims payments from DDS D using EFT, the practice must enroll with a DDS D Direct Deposit Enrollment Form, available in [paper or online enrollment form](#).
- If your practice currently receives claims payments from DDS D using EFT, payments will be sent to the EFT information on file.
- DDS D will notify practices of application approval using the email listed on the application.

Recovery process

- Starting with the June 10 check run, \$1,000 or \$2,000 per check run will be deducted from the claims payments for participating solo practices and group practices respectively.
- If the practice recovery designee(s) have less than \$1,000 (solo practice) and less than \$2,000 (group practice) in claims payments during one or more check run during the recovery time period, DDS D will deduct the entire claim amount and the remainder will be totaled for the final settlement on December 31, 2020.
- Dental practices may submit a check with complete repayment at any time during the repayment period.

Qualifications

- The dental practice must be following the CDC and ADA recommendations to suspend procedures except for emergency care.
- Dental practices must be DDS D network participating practices.
- A limit of one (1) application will be accepted from each Business Tax ID Number (TIN).
- All dentists associated with the application must be listed on the application.
- Dentists associated with more than one TIN can only be listed on one application.
- Group practices must designate one or two dentists from whom DDS D will recover the advance claims payments beginning June 10.
- The dental practice must be a private entity. Applications will not be accepted from Community Health Center or Indian Health Service dental offices.
- Dental practices must be located in South Dakota and the majority owner(s) must have an active South Dakota license from the SD Board of Dentistry.
- If a dental practice has a change in ownership or TIN number at any time during the repayment period, the remaining payments will be assigned to the new business unless otherwise arranged.

How to apply

- Submit a completed Reimbursement Advance Program Application in its entirety and submit to DDS D by one of the following methods:
 - Email: financialsupport@deltadentalsd.com
 - Fax: 605-494-2566
 - Mail: Delta Dental of SD, Attn: Reimbursement Advance Application, PO Box 1157, Pierre, SD 57501

Contact

- Questions about the program, guidelines or application form can be made to financialsupport@deltadentalsd.com or 1-877-841-1478.



Application Form

DDSD Reimbursement Advance Program

ALL FIELDS ARE REQUIRED

Solo Practice Application Group Practice Application

Practice Business Tax ID Number

Practice Name

Primary Practice Address

City

State

Zip

Contact Email*

Phone Number*

*Questions and application approval notification will be directed here

List all dentists reporting under the Business Tax ID Number above, their SD License Number, and if they are a designee for advance payment recovery (1 for solo practices and up to 2 for group practices).

Reminder: a dentist can only be listed on one DDSD Reimbursement Advance Program Application.

Dentist Name	S.D. License #	Recovery Designee
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

For additional dentists, please attach a page with a complete list.

Authorization for Repayment

By signing below, I acknowledge the following:

- I am authorized as a solo practitioner or on behalf of my group practice to sign this Delta Dental of South Dakota (DDSD) Reimbursement Advance Program Application.
- The dentists listed on this application are participating providers with DDSD and are not listed on any other DDSD Reimbursement Advance Program Application.
- DDSD will begin recovering my reimbursement advance in twenty (20) equal payments starting with the June 10, 2020 check run and continue through December 20, 2020. Any advance payments not recovered by December 20 will be subject to a final settlement on December 31, 2020.
- Any changes to the practice structure for the Business Tax ID listed above prior to complete repayment of the reimbursement advance must be reported to DDSD immediately. Remaining payments will be assigned to the new business unless otherwise arranged.

Authorized Dentist's Signature

Date

The application is approved for participation in the DDSD Reimbursement Advance Program.

For Delta Dental of South Dakota

Date