

Manitoulin-Sudbury District Services Board POLICY & PROCEDURES MANUAL	
Section: H. Ontario Works	Effective Date: July 2009
Topic: 7B. Benefits/Discretionary Benefits	Replaces: November 2004
Subject: 7B.3.Dentures	
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POLICY

Authority **OW Act: Sec. 8 and 74(4)**
 W Directives: Dir. 7.2

Cost of dentures and partial denture is paid in accordance with the Annual Denturist Association of Sudbury Social Service Fee Guide (see Appendix A). Participants contribute 20% of the cost of dentures, partials or repairs.

All second requests will be reviewed by the Supervisor and approved under exceptional circumstances only.

PROCEDURE

1. Participant requests prior approval from the Case Manager through the submission of one estimate for cost of dentures.
2. Authorization form completed by Case Manager allowing 80% of the cost **up to a maximum** in accordance with the fee schedule distributed annually by the Denturist Association of Sudbury Social Service Fee Guide.
3. Notation to be made in the Social Assistance Computer System –Benefits.
4. The Case Manager must complete the Discretionary Benefits form and copy this information into the Social Assistance Computer System notes.
 - a) The Case Manager will forward the completed request for approval.
 - b) Once approved the request will be forwarded to the Integrated Program Assistant in Espanola. The Supervisor will put a note in the Social Assistance Computer System that the item was approved.

The Integrated Program Assistant will:

- a) Assign a P.O. number on the form and then mail it to the client.
- b) Keeps a copy of the P.O. in a pending file.

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5. When the original P.O. is returned from the supplier with an invoice attached, The Integrated Program Assistant will:
 1. Match up the copy in the pending file, ensuring the client has not exceeded the maximum approved.
 2. Request the payment via the payment tab in the Social Assistance Computer System. The payment will be requested in the Vendor's name. Enter a notation in the Social Assistance Computer System that the cheque was issued to _____ and for _____ in the amount of _____.

6. The Supervisor will release the cheque via daily pay list reviews.

CROSS REFERENCE: SECTION 7B.2 - Emergency Dental Coverage for Adults

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Appendix A
The Denturist Association of Sudbury
2018 SOCIAL ASSISTANCE FEE GUIDE

Procedure Code	Service	D.A.O.	Social Service 80%
	Exam (NEW Patient)		
10010	Maxillary & Mandibular	\$85.00	\$68.00
10030	Recall-Patient Exam	\$41.00	\$33.00
	Dentures		
31310	Complete Maxillary	\$735.00	\$588.00
31320	Complete Mandibular	\$874.00	\$699.00
31311	Immediate Maxillary	\$769.00	\$615.00
31321	Immediate Mandibular	\$944.00	\$755.00
37110	Tissue Conditioner (For Immediate)	\$25.00	\$20.00
	Partials (Acrylic)		
41612	Partial Maxillary (w/o clasp)	\$547.00	\$438.00
41622	Partial Mandibular (w/o clasp)	\$576.00	\$461.00
41611	Immediate Partial Maxillary (w/o clasps)	\$685.00	\$548.00
41621	Immediate Partial Mandibular (w/o clasps)	\$722.00	\$578.00
71010	Clasps –wrought iron/each	\$32.00	\$26.00
	Relines		
32316	Temporary Acrylic Reline Maxillary (after 3 mths)	\$109.00	\$87.00
32326	Temporary Acrylic Reline Mandibular (after 3 mths)	\$117.00	\$94.00
32110	Reline Maxillary	\$202.00	\$162.00
32120	Reline Mandibular	\$218.00	\$174.00
42116	Reline Partial Maxillary	\$218.00	\$174.00
42126	Reline Partial Mand.	\$233.00	\$186.00
37120	Temporary Tissue Conditioning (up & low)	\$46.00	\$37.00
	Repairs		
36110	Repair – No Impression	\$69.00	\$55.00
36210	Repair With Impression	\$103.00	\$82.00
71310	Repair Model	\$15.00	\$12.00
71313	Additional Tooth/each	\$15.00	\$12.00
71314	Multiple Fracture/each	\$27.00	\$22.00