

# Interpreter Service Reimbursement Procedure

**Effective March 15, 2008, DMAS/Doral will reimburse *Smiles For Children* dental providers for interpreter services rendered during an office visits if the guidelines outlined below are followed.**

1. *Smiles For Children* (SFC) dental providers are responsible for the arrangement of onsite interpreter services when an interpreter is needed to explain treatment.
2. DMAS maintains an Interpreter Resource list located at <http://www.dmas.virginia.gov/dental-home>. Providers are not mandated to select from the DMAS Interpreter Resource list.
3. The SFC Professional Interpreter Service Invoice Form is a required document and is also located on the DMAS website as listed above for provider use.
4. Interpreters must be a professional and hold a Virginia business license, allowing a fee for their service.
5. Providers should encourage interpreters to work directly with a patient to help coordinate the patient arriving on time to the appointment. DMAS/Doral will not reimburse for interpreter services when a patient does not keep an appointment.

## **Reimbursement Procedure**

1. Providers are responsible for paying the interpreter directly and retaining a paid invoice of services rendered. Doral will not pay the interpreter directly.
2. SFC Professional Interpreter Service Invoice Form must be completed and submitted to Doral within 180 days from the date the interpreter service is utilized.
3. Along with the form, providers must submit a copy of the paid invoice/receipt to Doral to include the following information:
  - Date of Interpreter service
  - Patient Name and Medicaid ID number
  - Interpreter name, address, telephone number, language used, duration of service and cost.
  - If the interpreter is not listed on the DMAS Interpreter Resource list, the provider must attach a copy of the professional interpreter's business license with the invoice.
4. Provider should mail the invoice form and paid receipt to:

**Lori Howley  
Regional Executive Director, State Contracts  
Doral Dental USA, LLC  
12121 N. Corporate Parkway  
Mequon, WI 53092**

5. Provider reimbursement will be processed by Doral within 30 days of receipt. SFC provider should include address for receipt of the reimbursement check.

***For additional information regarding the reimbursement process please contact:***

**Bridget Hengle  
Provider Relations Representative  
Doral Dental USA, LLC  
4860 Cox Road, Suite 200  
Glen Allen, VA 23060  
Phone: (804)217-8392  
Fax: (804) 217-8349**