

Chillicothe
850 Fairway Drive
(660) 646-3802

Hamilton
500 S Davis Street
(816) 465-6031



Carrollton
1411A N Jefferson St
(660) 542-6066

Brookfield
626 W Lockling, Ste A
(660) 258-3371

SLIDING FEE APPLICATION

It is necessary to ask you for personal financial information in order to give you a discount on your dental services. This information will be held in strictest confidence. **Sliding fee applications expire on JUNE 30th each year.** At that time, we will ask you to again verify your current income and number of household members in order to receive discounts on dental services.

Eligibility for discount is based on income and family* size and no other factors (ex. assets, citizenship, population type).

Today's Date: _____

Applicant Name: _____

Date of Birth: _____

Address: _____

City, State, and Zip: _____

Phone Number: Cell _____ Home: _____

Place of Employment: _____

Income may include but is not limited to the following: Please circle all that apply to your household income and attach copies of supporting document(s) on all income categories. Please refer to Sliding Fee Discount Program Policy for guidelines.

Earnings - Alimony - Child Support - Interest Income - Disability - Unemployment - Social Security - Supplemental Security Income (SSI) - Pension - Public Asst. - Student Pell Grants - Self Employment Records - Workers' Compensation - Veterans' Payments - Survivor Benefits - Rents

Yearly household income \$ _____

Number of Household Members: _____

Household Members Name:

Relationship

I have read and understand the information contained in "Sliding Fee Discount Program Policy" and agree to abide by these guidelines.

I understand my information will be kept in strictest confidence and that if my income changes, I am required to notify McCoy Samples Mattingly Dental Clinic on my next visit to the clinic.

I declare the information I have given is true and give McCoy Samples Mattingly Dental Clinic consent to investigate any information given in this application.

I further understand that copays for dental services vary, based on procedure, and all copays due are required to be paid on date of service.

*Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.

ATTENTION: After application has been completed and returned to our office please allow two weeks for processing. You may call our office to inquire on your application status.

Applicant Signature

Date

OFFICE USE ONLY

TODAY'S DATE: _____

INCOME & DOCUMENTS VERIFIED BY: _____ (ATTACH COPIES)

INCOME LEVEL: A B C D E