

## Oral Health Task Force

### Sliding Scale: Statement of Financial Position

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
 Work Telephone (Spouse) \_\_\_\_\_

**Family Dependents (living at home):**

<u>First Name</u>	<u>Birth Date</u>	<u>Last Name if Different</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach separate sheet if more space is needed.)

Dental Insurance Co. Name \_\_\_\_\_ Group #. \_\_\_\_\_  
 Policy # \_\_\_\_\_

Are you eligible for the Sawtooth Mountain Clinic Sliding Fee Scale Program? \_\_\_\_\_

Do you plan to apply for Medical Assistance? \_\_\_\_\_

Family income for past 12 months from all jobs \_\_\_\_\_

I hereby acknowledge that I have read these instructions.

The Oral Health Task Force, Grand Marais Family Dentistry and the Sawtooth Mountain Clinic may share my income information to determine program availability. I understand that the Oral Health Task Force's sliding scale of assistance for low-income residents is a defined program with service and payment limits. The Task Force will not be responsible for bills which I may incur outside of the specified limits. I hereby swear that the above information is correct as stated. Falsifying this information is a crime punishable by law.

Signature \_\_\_\_\_ Spouse's signature if applicable \_\_\_\_\_ Date \_\_\_\_\_

#### *Oral Health Task Force Sliding Fee Scale as of November 1, 2014 – Income Eligibility*

<i>Family size</i>	<i>Patient pays 5% of charge</i>	<i>Patient pays 25% of charge</i>	<i>Patient pays 50% of charge</i>	<i>Patient pays 75% of charge</i>	<i>Patient pays 100% of charge</i>
1	0-35,010	35,011-46,565	46,566-58,207	58,208-69,850	69,851+
2	0-47,190	47,191-62,764	62,765-78,456	78,457-94,149	94,150+
3	0-59,370	59,371-78,963	78,964-98,706	98,707-118,448	118,449+
4	0-71,550	71,551-95,163	95,164-118,955	118,956-142,747	142,748+
5	0-83,730	83,731-111,362	111,363-139,204	139,205-167,046	167,046+
6	0-95,910	95,911-127,562	127,563-159,453	159,454-191,345	191,346+
7	0-108,090	108,091-143,761	143,762-179,703	179,704-215,644	215,645+
8	0-120,270	120,271-159,960	159,961-199,952	199,953-239,943	239,944+

New Scale as of 10/14

Office Use	
Family Income	
Patient pays	%
Sliding Fee Pays	%

