

SLIDING FEE APPLICATION

Community Dental provides assistance to **patients and families to improve access to quality oral healthcare**. We require household income verification if you want to be considered for reduced fees. This **proof of income is required** as a new patient and must be updated annually to remain eligible for our sliding-scale fees.

TOTAL MONTHLY WAGES FOR ALL MEMBERS OF THE FAMILY (TANF, SSDI, Pension, Retirement, Child Support, Alimony, Unemployment, Workman's Comp, etc.): \$

PLEASE LIST ALL MEMBERS OF THE HOUSEHOLD, including yourself, spouse or significant other, and dependents using FIRST NAME, LAST NAME AND AGE.

NAME	AGE	NAME	AGE

I understand that limited public and private sources fund Community Dental and that approval of my application does not obligate Community Dental to discount my care if funds are unavailable. I certify that this is a true and accurate statement of my income on this date. I am enclosing a copy of my check stub, W-2, or other verification of income.



PATIENT | PARENT | LEGAL GUARDIAN SIGNATURE

DATE

Sliding Fee Discount Policy

All patients seeking healthcare with Community Dental will be served regardless of their ability to pay. Patients can expect to be notified of our sliding fee discount policy and our assurance of services regardless of their ability to pay from posted signs at entrances of dental centers, at checkout areas, and a digital notification on our website. Staff members, including Patient Services Representatives, can and will verbally update patients as well.

The sliding fee scale ranges are reviewed and established annually based on the Federal Poverty Level Guidelines. Each patient is responsible for submitting financial information so Community Dental can determine if they qualify for the sliding fee scale and at what level. The process must be completed annually for all new patients and existing sliding fee patients.

Sliding Fee Categories include **Category A** (200% to 300% based on the guidelines), **Category B** (150% to 200%), and **Category C** (0 to 150%). Community Dental does not provide free care and charges a nominal fee to patients that qualify for Category C. Outstanding patient debt can be referred out for collection after 180 days (6 months).

Community Dental's ability to offer a sliding fee scale is supported by limited public and private sources that vary in availability. We charge a nominal fee to support the long-term sustainability of our oral healthcare in our communities.

*Household and/or family members include yourself, a spouse or significant other, and any dependents (children or elders)