

MONOCACY HEALTH PARTNERS
APPLICATION FOR THE DENTAL SLIDING FEE SCALE

Reason for Visit: _____

Date of Application: _____ Referral Source: _____

Patient's Name: _____ DOB: _____

Address: _____

How long have you lived at this address (Date): _____

Telephone number: _____

Cell Phone number: _____

Occupation: _____

Employer: _____

MEDICAL & DENTAL INFORMATION

Primary Care Provider: _____

Are you currently a patient in more than one Frederick Regional Health System Facilities?

Yes _____ No _____ *If so, please specify which centers:* _____

Do you currently have any dental insurance? Yes _____ No _____

If yes, please complete the following information.

Name of Insurance: _____

Policy holder's name: _____

Policy number: _____ Date of Birth: _____

HOUSEHOLD MEMBERS (LIST ONLY THOSE WHO ARE ON YOUR INCOME TAX RETURN)

ALL OTHER MEMBERS IN HOUSEHOLD NEED TO APPLY SEPARATELY

<u>Name</u>	<u>Date of Birth</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

INCOME: List ALL Household income from the following sources:

Please provide a copy of your most recent income tax return. If you have a change in financial circumstance since the last income tax return, please provide documentation of current income or financial status.

	Total for 12 months
Wages/ Unemployment	_____
Social Security / Disability	_____
Public Assistance/ Food Stamps	_____
Alimony	_____
Military Pensions / Pensions	_____
Total	_____

Changes of Circumstances: Since the date that you last filed your income tax return, has your income changed drastically? Have you had a change in financial circumstances? Please write a detailed note about how your situation has changed.

I affirm that the above information is true and correct to the best of my knowledge.

Signature: _____

Relationship to Patient(s) _____

Date: _____

Patient approved for Category: _____

Monocacy Health Partners Manager or designee: _____

D0140 (Limited Exam) \$ _____

D0220 (1 PA) \$ _____

D0030 (Panorex) \$ _____

D0270 (1 BWX) \$ _____

Total: \$ _____

D0150 (Comp Exam) \$ _____

D1110 (Prophy) \$ _____

D0274 (4 BWX) \$ _____

D0030 (Panorex) \$ _____

D0220 (1st PA) \$ _____

D0230 (5 PA) \$ _____

Total: \$ _____