



## SLIDING FEE SCALE REQUIREMENTS

**No application will be reviewed without the required documentation.**

\*\*Documentation of *ALL* current household income for *EVERY* household member, related or not, residing in the home; **Required** income verification documents:

\*The most recent 4 paycheck/income, stubs/receipts/statements **and** individual or joint federal income tax statement from previous year, just first page showing gross income.

In addition to any of the following if applicable;

\*Social Security statement showing **gross** amount received **currently**.

\*College award letter with total amount of grants or loans received.

\*Any other form of income from investments, retirement benefits, etc.

\*NOTE: Maximum combined household gross assets of \$200,0000.00. The total household number to determine the fee level excludes any household member served by MA/MnCare or other dental insurance, but any income from those insured members will be counted towards the total income.

\*\*\*\*A denial letter showing that you have been recently denied for MA/MnCare.\*\*\*\*  
\*\*\*\*If you have not recently or ever applied for MA/MnCare you will be asked to do so before being allowed to apply for the sliding fee scale program\*\*\*\*\*

\*\*A completed enrollment form, signed by all adult household members.

## PROCEDURE

\*\*Provide all the required documentation to the Clinic by mail, email or hand delivered prior to the first appointment if possible.

\*\*Upon review of the documents by the Clinic Director you will be notified by phone or mail as to the outcome of your application. Additional information may be requested and/or a confidential meeting with the Clinic's Executive Director established.

\*\*Please note – Family/household size **MUST** be reported accurately. Family is defined for these purposes as mother, father, children, significant other, husband, wife, dependant adult or child who is supported by the family. **ALL** income and/or family/household size, marital changes must be reported promptly to the Clinic. **ALL** contact information must be updated with changes.

\*\* All information received is considered confidential. You may ask us for a copy of our Privacy Policy\*\*

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