KNOX CLINIC
Your Mid Coast Health Net

Mailing Address: 22 White Street Rockland, ME 04841
Physical Address: 1019 Commercial St Rockport ME
Phone: 207-593-1699 www.KnoxClinic.org

Child Dental Program Application

You must be able to check each box below to qualify for services:

Your child lives in Knox County, Waldoboro, or Lincolnville ☐
Your family's earnings are at or below 200% of federal poverty guidelines (*see next page*) ☐
Your child does NOT have private dental insurance (excluding MaineCare) ☐
The child is 17 years old or younger? ☐ (*Please fill out an adult application for those over 17.)*

Child Patient Information

Patient Name:_____ Birth Date: _____

Parent/Guardian Name: _____ Birth Date: _____

Street Address:_____ Town:_____ Zip Code: _____

Home Phone:_____ Cell Phone:_____

Alternate contact name and phone number:_____

Dental & Medical Health Information

Child's Physician: _____ Physician Phone #: _____

List medications your child is taking or bring a list with you to your first appointment:

_____

Please discuss any serious medical problems that your child has had: _____

_____

Date of last dental visit:_____ Former dentist(s):_____

How often does child brush?_____ How often does child floss?_____

What concerns do you have, if any, with your child's dental needs?

Please explain:_____

Insurance & Income Information

Does your child have MaineCare? Yes ☐ No ☐

If Yes, what is their MaineCare ID #? _____ If No, please fill out the following:

Amount of gross (before deductions) monthly income: $_____

# of people in the household (those YOU are financially responsible for):_____

Proof of income is required if the child does not have MaineCare (1-month pay stubs or current tax return).
The fee for children with MaineCare is $5.00.
The fee for children from households with incomes of 100% of poverty guidelines is $10.00.
The fee for children from household with incomes of 101% up to 200% of poverty guidelines is $20.00.
If your household income is over 200% of the poverty guidelines, and your child does not have MaineCare, they do not qualify for this dental program.

The chart below will tell you what fee to provide with the application, if your child does not have MaineCare. Children with MaineCare pay a $5.00 fee. This fee will cover your child's first visit.

Fee	Federal Poverty Guidelines	Monthly Income per # Living in Household					
		1	2	3	4	5	6
$10	100%	$1,041	$1,409	$1,778	$2,146	$2,514	$2,883
$20	200%	$2,082	$2,818	$3,555	$4,292	$5,028	$5,765

Knox Clinic Dental Program Guidelines, Expectations, & Consent – Please Read Carefully and Sign Below

- Priority is given to those who need dental care for pain and infection control, and to children who have been unable to receive dental care previously. There is often a wait for services.
- The fees (co-pays) for dental services rendered by our hygienist are either $5, $10, or $20 per visit. Visits to the dentist are either $20, or $40. The fee charged per visit is based on your gross household income and your child's coverage with MaineCare. The fees must be paid before your child's visit to receive service. At this time we cannot accept card payments.
- The Knox Clinic Dental Program provides exams, cleanings, sealants, fillings, partials, some dentures or partials, simple extractions, and most x-rays. Crowns, bridges, root canals, oral appliances, and extensive periodontal work will not be provided.
- Parent/Guardian proof of income must be provided with the completed application, such as copies of pay stubs, SSI statements, or tax returns, unless the child has MaineCare/CubCare.
- **You must cancel your child's appointment at least 24 hours in advance or you will still be charged. If you do not cancel your child's appointment with 24 hours advance notice, they will be dismissed from the dental program and lose the appointment copay. There are a lot of people in need of dental care, so we have a one strike and you're out policy!**
- If my child has any health/dental changes, I will inform the dental staff at the next appointment.
- **I AM** responsible for my child's dental care, therefore, it is my responsibility to contact the office to schedule any appointments. If my child is not seen for a period of three (3) years, he/she will be considered inactive and will be required to re-apply and qualify for services.
- To the best of my knowledge, all of the above answers and information provided are true and correct.

_____ _____

Signature of Parent/Guardian Date

****In order to schedule an appointment, please mail completed application *with proof of income & applicable fee* to the MAILING address at the top of this application****

****CLINIC USE ONLY****

Fee collected: ____$5 ____$10 ____$20 _____

Signature of Clinic Staff/Date