

Dental Information

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

How often do you brush? _____ How often do you floss? _____

Please check any problems that you've had: bad breath bleeding gums pain loose teeth
 broken fillings periodontal treatment sores in mouth decaying teeth grinding teeth
 clenching teeth oral cancer mouth pain jaw pain other: _____

Are you afraid of dentists or dental care? Yes No If so, explain why: _____

Have you ever had any serious problems associated with dental treatment? Yes No

If so, please explain: _____

How does your dental condition affect your ability to work or seek work? _____

How would your life improve if able to receive dental care? _____

What else should the Clinic staff and/or dentist be aware of? _____

Income Information

Do you have any dental insurance? Yes No MaineCare? Yes No MaineCare #: _____

of people in the household (not roommates) : _____ Amount of gross monthly income: _____

Proof of income is required (most current tax return is best source).

What proof of income are you providing: _____

The chart below will tell you what fee to provide with your application, this will cover your first dental visit.

Fee	Federal Poverty Guidelines	Monthly Income per # Living in Household					
		1	2	3	4	5	6
\$10	100%	\$981	\$1,328	\$1,674	\$2,021	\$2,368	\$2,714
\$20	200%	\$1,962	\$2,655	\$3,348	\$4,042	\$4,735	\$5,428

The fee for patients from households with incomes of 100% of poverty guidelines is \$10.00.

The fee for patients from household with incomes of 101% up to 200% of poverty guidelines is \$20.00.

Please send the appropriate fee with the application.

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

- The Knox County Health Clinic Dental Program provides exams, cleanings, sealants, simple fillings, partials, dentures, and extractions for children and adults, whose family earnings are at or below 200% of federal poverty guidelines.
- 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 charge for dental services is either \$10.00, or \$20.00 per visit based on your total gross household income. **This must be paid prior to, or at your visit to receive service.**
- We have a program to provide acrylic partials and dentures to those who qualify. Patients pay \$100 per arch (full dentures would be \$200).
- **Proof of income must be provided with the completed application**, such as copies of pay stubs, SSI statements, or tax returns.
- **You must cancel your appointment at least 24 hours in advance or you will still be charged. If you do not cancel your appointment with proper notice you will be removed from the dental program and will not be able to receive dental program services.** There are a lot of people in need of dental care, so we have a one strike and you're out policy!

To the best of my knowledge, all of the preceding answers and information provided are true and correct. If I have any health changes, I will inform the dental staff at the next appointment without fail.

Consent for services: I consent to be treated by the Knox County Health Clinic Dental Program.

I understand that

- I must give at least 24 hours advance notice if I need to cancel my appointment.
- **If I do not cancel my appointment in advance, I will lose the appointment fee, I will be ineligible for future dental services and I will be removed from the program.**
- The dental program can only provide basic dental care such as exams, cleanings, simple fillings, extractions, dentures. Crowns, bridges, root canals and extensive periodontal work will not be provided.

Signature of Patient

Date

****CLINIC USE ONLY****

Fee collected: ____\$10 ____\$20

Fee has been collected: _____

Signature of Clinic staff

Date