

**INCOME VERIFICATION FOR
MANCHESTER DENTAL PROGRAM FOR FAMILIES WITH LOWER INCOMES**

Are you receiving State or Town Assistance? _____

LIST GROSS INCOME FROM ALL MEMBERS OF FAMILY ANNUAL GROSS

- 1. Employment Income _____
- 2. SSI _____
- 3. Social Security _____
- 4. Railroad Retirement _____
- 5. Annuities _____
- 6. Teacher's Retirement _____
- 7. Workmen's Compensation _____
- 8. Unemployment Compensation _____
- 9. Veteran's Benefits _____
- 10. Military Allotment _____
- 11. Pension _____
- 12. Income from boarders, roomers _____
- 13. Income from rental property _____
- 14. Child support/alimony _____
- 15. Other (interest, dividends, etc.) _____

- Verification may be made by:
- 1. Copy of Income Tax Return
 - 2. Pay stubs
 - 3. Letter from employer
 - 4. W-2 form from previous year
- Copies will be made and
Originals returned.

INCOME LIMITS FOR MANCHESTER DENTAL PROGRAM

<u>Size of Family</u>	<u>Income</u>
1	\$17,227
2	\$23,227
3	\$29,149
4	\$35,071
5	\$40,994
6	\$46,915
7	\$52,831
8	\$58,783

Approved _____ Denied _____ Reason for Denial _____

Date _____ approving official _____

MANCHESTER DENTAL PROGRAM
FOR FAMILIES WITH LOWER INCOME
Provided by the
MANCHESTER DENTAL SOCIETY
And the
MANCHESTER HEALTH DEPARTMENT

ELIGIBLE PERSONS

Families or individuals with income below two times the poverty level.

HEALTH DEPARTMENT ROLE

The Health Department will handle applicants for the program and certify eligibility. The Health Department will issue a program card to the family. Names of participating dentists will be given on a rotating basis if the family does not have a dentist.

DENTAL SOCIETY ROLE

Members of the Manchester Dental Society will provide dental services to qualified families at a reduced cost.

FAMILY ROLE

Families will apply for the program and provide documentation of income. A family member will schedule and keep appointments with the dentist. The program card will be presented to the dental office at the first appointment.

The family will usually pay fees at the time of service. Any scheduling of services or payments to spread costs over time must be arranged with the dentist prior to services.

COST OF SERVICES

Fees will be based upon family income and a percentage of the dentist's usual fee. Families with income at or below poverty level would pay 35% of usual fees. The percentage would rise as a family income rises. With incomes twice poverty, the family would pay 70% of usual fees.

If a family has some dental insurance, only the services **not** covered by the insurance are eligible for this program. The usual co-payments and deductibles would apply (with no discounts) to insured services. (Families covered by Medicaid are not eligible for the dental program).

TO: Persons Eligible for the Manchester Dental Program

FROM: Participating Dentists of the Manchester Dental Society

We are pleased to be able to offer a Reduced Fee Dental Program for **qualified** Manchester residents.

It is our desire to provide for your dental needs as thoroughly and efficiently as possible. While comprehensive and complete treatment is our ultimate goal, we realize that in some cases limited treatment may be all that is desired or possible at this time. In order to make this program mutually beneficial, it is important that each of us understand what is expected of us.

YOU MAY EXPECT FROM US:

1. Our concern for your comfort.
2. A thorough examination, a carefully devised treatment plan and the establishment of a reasonable fee based on the sliding scale formula.
3. An understandable explanation of our findings.
4. Our respect for your time by planning to complete treatment in the fewest possible appointments.

WE EXPECT FROM YOU:

1. Cooperation in keeping scheduled appointments. If, for any reason, you cannot keep an appointment, we would appreciate 24 hours notice so that another patient may have care provided.
2. That financial arrangements be clearly and mutually understood (for example, payment at the time of service) in order to assure harmony in our personal and professional relationships. Should problems arise, please notify us in order to eliminate any misunderstandings.
3. That you help us maintain your oral health with conscientious home care (flossing and brushing). Our role and yours is equally important in the prevention and elimination of oral disease.

To continue improving our service we invite your comments and suggestions. Call the Health Department at 860-647-3173 or email us at Health_Dept@ci.manchester.ct.us.