

## Adult Dental Program Application

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

- You live in Knox County, Waldoboro, or Lincolnville?
- Your family's earnings at or below 200% of federal poverty guidelines (*see next page*)
- You do NOT have private dental insurance (excluding MaineCare)
- You are between the ages of 18 and 55, or if you are over 55, you are working at least 20 hours a week

Please fill out a child application for those under 18 years old.

If you do not qualify for our dental program, please call us at 207-593-1699 for other resources.

If you are eligible for Medicare, please call Spectrum Generations at 207-701-5089 for dental coverage options.

**Adult Patient Information**

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate contact name and phone number: \_\_\_\_\_

email: \_\_\_\_\_

**Dental & Medical Health Information**

Name of Physician: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

Do you take an antibiotic (PREMED) prior to dental care? (ie had joint replacement surgery) Yes  No

Estimated date of last dental visit: \_\_\_\_\_ Former dentist(s): \_\_\_\_\_

What are your primary concerns regarding your dental health? Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Please bring a list of your medications with you to your first appointment.*

**Insurance & Income Information**

We are applying to be able to bill MaineCare, after which there will be no Clinic fees for covered services.

Do you have active MaineCare? Yes  No  If Yes, what is your MaineCare ID #? \_\_\_\_\_

If you don't have MaineCare, **please provide proof of income** (*recent tax return or 1-month pay stubs*) and fill out:

Amount of gross monthly income (before deductions): \$ \_\_\_\_\_

# of people in your household (those you are financially responsible for, not roommates): \_\_\_\_\_

Our appointment fees:

- \$20 Hygiene (cleaning) appointments for those up to 100% federal poverty guidelines (fpg)
- \$40 Hygiene appointments for 101 to 200% fpg
- \$10 Exam by dentist, all patients up to 200% fpg
- \$40 Restoration appointment (fillings, extractions etc.), all patients up to 200% fpg
- \$100 per arch for acrylic partials/dentures, as available.
- We are applying to be able to bill MaineCare, after which there will be no Clinic fees for covered services.

The chart below will guide you on your hygiene fee. You may pay your fee at your first appointment.

Visit Fee	Federal Poverty Guidelines	Monthly Income per # Living in Household					
		1	2	3	4	5	6
\$20	100%	\$1,073	\$1,452	\$1,830	\$2,208	\$2,587	\$2,965
\$40	200%	\$2,147	\$2,903	\$3,660	\$4,417	\$5,173	\$5,930

**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. There is often a wait for services.
- The fee charged per visit is based on your gross household income. The fees must be paid at or before your visit to receive service. To make a credit card payment please call 207-593-1699.
- We provide exams, x-rays, cleanings, sealants, fillings, simple extractions, and some dentures or partials as available. Crowns, bridges, root canals, oral appliances, and extensive periodontal work will not be provided.
- **Proof of income must be provided with application if you don't have MaineCare**, such as copies of 1 month's worth of pay stubs, SSI statements, or most recent tax return.
- **You must cancel your appointment at least 24 hours in advance. If you do not cancel your appointment with 24 hours advance notice you will be dismissed from the dental program and lose your appointment copay.** *There are a lot of people in need of dental care, so we must enforce this. Please keep your appointments!*
- If I have any health/dental changes, I will inform the dental staff at the next appointment.
- I am responsible for my own dental care. It is my responsibility to contact the office to schedule my appointments. I understand I must re-qualify for services every year to continue in the dental program.
- To the best of my knowledge, all of the above answers and information provided are true and correct.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

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

Please call our office at 207-593-1699 with any questions, thank you