

Mainely Teeth New Patient Eligibility Form

Date of Appointment: _____

First Name: _____	Last Name: _____				
Address: _____					
Town: _____					
Mailing Address if different: _____					
Email: _____					
Do you have Medical Insurance? Yes No					
Biological Sex: Male Female	Preferred Pronoun: He She They				
Date of Birth: _____					
Race: _____	Ethnicity: Latin./Hisp. or Non	Language: _____			
Home Phone: _____	Cell: _____				
Emergency Contact: _____	Phone: _____				
Are you:	Married	Single	Separated	Divorced	Widowed
Household Size:	Number of Adults: _____				
	Number of Children under 18: _____				
Have you applied for MaineCare?	Yes or No				
Would you like help applying for MaineCare?	Yes	No	Not sure		
Are you employed?	Yes	No	If yes, where? _____		

Health Information

What is the main reason for your visit today? _____
Who was your previous medical provider? _____
Who was your previous dental provider? _____
Do you have any questions? _____

Financial Information

If you do not have an income, how are you making day to day expenses? _____

Please write in how much income you receive each month.	You	Your spouse
Gross wages per month (before taxes)		
Unemployment		
Self-Employment		
SSI/Social Security		
Child Support		
Other		
Total Month Income		

Financial Certification

At Mainely Teeth, we serve those who have incomes at/below 100% of the Federal Poverty Level. Below is the 2021 guidelines.

100% of Federal Poverty Limit for 2021

Household Size	Annual Income
1	\$9,579
2	\$13,239
3	\$17,720
4	\$21,199
5	\$24,679
6	\$28,159

I certify that my annual pre-tax household income is at/below 100% of the Federal Poverty Limit as listed above. I understand that making a false certification may result in being discharged from the Mainely Teeth Clinic and may subject me to civil or criminal prosecution under State and Federal Law.

Signature: _____

Date: _____