

# Mainly Teeth 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 None Language: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you: (Optional) 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? \_\_\_\_\_

How did you hear about Mainly Teeth? \_\_\_\_\_

## 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

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 for Sliding Scale

At Mainly Teeth, we aim to serve those who have incomes at/below 200% of the Federal Poverty Level. Below are the 2023 guidelines.

#### Federal Poverty Limit for 2024

Mainly Teeth 2024 Sliding Scale Fee Schedule						
TAX HOUSEHOLD SIZE	ANNUAL INCOME AT OR BELOW 100% OF FPL	ANNUAL INCOME BETWEEN 101-125% OF FPL	ANNUAL INCOME BETWEEN 126-150% OF FPL	ANNUAL INCOME BETWEEN 151-175% OF FPL	ANNUAL INCOME BETWEEN 176-200% OF FPL	ANNUAL INCOME Over 200% OF FPL
SLIDE SCALE	A	B	C	D	E	Not Eligible
1 PERSON H/H	\$15,060.00	\$18,825.00	\$22,590.00	\$26,355.00	\$27,861.00	
2 PERSON H/H	\$20,440.00	\$25,550.00	\$30,660.00	\$35,770.00	\$37,814.00	
3 PERSON H/H	\$25,820.00	\$32,275.00	\$38,730.00	\$45,185.00	\$47,767.00	
4 PERSON H/H	\$31,200.00	\$39,000.00	\$46,800.00	\$54,600.00	\$57,720.00	
5 PERSON H/H	\$36,580.00	\$45,725.00	\$54,870.00	\$64,015.00	\$67,673.00	
6 PERSON H/H	\$41,960.00	\$52,450.00	\$62,940.00	\$73,430.00	\$77,626.00	
7 PERSON H/H	\$47,340.00	\$59,175.00	\$71,010.00	\$82,845.00	\$87,579.00	
8 PERSON H/H	\$52,720.00	\$65,900.00	\$79,080.00	\$92,260.00	\$97,953.00	
Adttl Per Person Amt	\$5,380.00	\$6,725.00	\$8,070.00	\$9,415.00	\$9,953.00	
2024 SLIDING FEE DISCOUNT AMOUNTS BASED ON INCOME LEVELS ABOVE (THE OUT OF POCKET AMOUNT YOU PAY FOR SERVICES IF ELIGIBLE FOR A DISCOUNTED FEE)						
SLIDING SCALE	A	B	C	D	E	Not Eligible
DENTAL	100% discount	75% discount	50% discount	25% discount	15% discount	

**WHY DO WE OFFER A SLIDING FEE SCALE?** Mainly Teeth provides dental services regardless of a patient's insurance status or ability to pay. We offer an income based Sliding Fee Scale for all services. Ask our staff if you have any questions or would like an application to apply for our Sliding Fee Scale.

**ALL PATIENTS WITH NO INSURANCE OR WHO ARE UNDERINSURED ARE ENCOURAGED TO APPLY IF YOU THINK YOU MEET THE INCOME GUIDELINES ABOVE**

*\*You may be underinsured if you have a co-pay or deductible (out of pocket expense) you cannot afford. Federal Poverty Level Percentages are based on the HHS FPL Guidelines for 2024.*

I certify that my annual pre-tax household income is at/below 200% of the Federal Poverty Limit as listed above. I understand that making a false certification may result in being discharged from Mainly Teeth Clinic and may subject me to civil or criminal prosecution under State and Federal Law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_