Oral Health Task Force
Providing oral health care to the children of Cook County and the Grand Portage Reservation.

Sliding Fee Scale Application

The sliding fee scale program is income based – funded by grants through the Oral Health Task Force of the North Shore Health Care Foundation. It is available to all – regardless of existing insurance coverage.

For more information, contact the Oral Health Task Force at 387-2334

A. Sliding Fee Scale Program.
1. This program is available on a yearly basis, and is dependent on grant funding. Eligibility ends on May 1 each year and a new application must be filled out annually. It covers restorative dental care for children up to grade twelve provided by Drs. Hedstrom and Lindquist’s office, Grand Marais Family Dentistry. (Preventative dental care is covered through the Sawtooth Mountain Clinic sliding fee program.)
2. The patient will pay a minimum of $5.00 per visit.

B. Eligibility: Income must be within federal guidelines for family size (see attached chart). You may have other insurance and still be eligible.

C. Instructions for Application:
1. Obtain application form from the receptionist from Grand Marais Family Dentistry or at the Sawtooth Mountain Clinic or the North Shore Health Care Foundation, lower level of the clinic (387-2334).
2. Read sliding scale program description and complete the application.
3. Attach proof of income to application. Examples of proof of income: Photocopy of W-2 form, front two pages of federal income tax return, social security check, pay stubs, or unemployment letter.
4. Attach treatment plan from Grand Marais Family Dentistry.
5. Submit complete application to the Oral Health Task Force. Call 387-2334 to set up a meeting. You may also give it to the receptionist at the Sawtooth Mountain Clinic.
6. (If you have already completed an application for the Sawtooth Mountain Clinic sliding fee scale program, you may sign a release to have a copy of that application forwarded to Oral Health Task Force staff.)

*The Oral Health Task Force reserves all rights to review what will be eligible for sliding scale discount. Extensive needs are reviewed on an individual basis.

D. Other Area Services:
1. Sawtooth Mountain Clinic Sliding Fee Scale Program covers oral health exams: (Twice a year, cleanings as recommended, x-rays, sealants & fluoride provided by Dr. Hedstrom’s office, Grand Marais Family Dentistry.)
2. Minnesota Care, if you are eligible, covers most dental work. Information available at Cook County Public Health and Human Services (387-3620).
3. Indian Health Service covers most dental work.

This program is made possible by support from the North Shore Health Care Foundation, Sawtooth Mountain Clinic, Grand Marais Family Dentistry, Carlton-Cook-Lake-St. Louis Community Health Board, Lloyd K. Johnson Foundation, Atkins Memorial Fund, and the Robert Wood Johnson Foundation.
Oral Health Task Force
Sliding Scale: Statement of Financial Position

Applicant’s Name______________________________   Date of Birth ___________________
Spouse’s Name ________________________________       Date of Birth ___________________
Address_________________________________________________________________________
Home Telephone_______________________________ Work Telephone__________________
Work Telephone (Spouse)_______________________

Family Dependents (living at home):
First Name ___________________________ Birth Date ___________________________ Last Name if Different ___________________________
________________________________________ ___________________________ ___________________________
(Attach separate sheet if more space is needed.)

Dental Insurance Co. Name______________________________Group #. __________________________
Policy # __________________________

Are you eligible for the Sawtooth Mountain Clinic Sliding Fee Scale Program? __________
Do you plan to apply for Medical Assistance? __________________________

Family income for past 12 months from all jobs __________________________

I hereby acknowledge that I have read these instructions.

The Oral Health Task Force, Grand Marais Family Dentistry and the Sawtooth Mountain Clinic may share my income
information to determine program availability. I understand that the Oral Health Task Force’s sliding scale of assistance for
low-income residents is a defined program with service and payment limits. The Task Force will not be responsible for bills
which I may incur outside of the specified limits. I hereby swear that the above information is correct as stated. Falsifying
this information is a crime punishable by law.

_____________________________________  ________________________________
Signature     Date
_____________________________________ Spouse’s name/signature if applicable

<table>
<thead>
<tr>
<th>Family size</th>
<th>Patient pays 5% of charge</th>
<th>Patient pays 25% of charge</th>
<th>Patient pays 50% of charge</th>
<th>Patient pays 75% of charge</th>
<th>Patient pays 100% of charge</th>
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<tbody>
<tr>
<td>1</td>
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<td>35,011-46,565</td>
<td>46,566-58,207</td>
<td>58,208-69,850</td>
<td>69,851+</td>
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<tr>
<td>3</td>
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<td>59,371-78,963</td>
<td>78,964-98,706</td>
<td>98,707-118,448</td>
<td>118,449+</td>
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<tr>
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<td>95,164-118,955</td>
<td>118,956-142,747</td>
<td>142,748+</td>
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<td>0-83,730</td>
<td>83,731-111,362</td>
<td>111,363-139,204</td>
<td>139,205-167,046</td>
<td>167,046+</td>
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<td>6</td>
<td>0-95,910</td>
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<td>191,346+</td>
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<td>159,961-199,952</td>
<td>199,953-239,943</td>
<td>239,944+</td>
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Income Eligibility 2013/2014

<table>
<thead>
<tr>
<th>Office Use</th>
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<tbody>
<tr>
<td>Family Income</td>
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<tr>
<td>Patient pays Sliding Fee Pays</td>
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