



Oral Health Task Force

*Providing oral health care to the children
of Cook County and the Grand Portage Reservation.*



Sliding Fee Scale Application

Task Force:

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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.

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

Income Eligibility 2013/2014

Family size	Patient pays 5% of charge	Patient pays 25% of charge	Patient pays 50% of charge	Patient pays 75% of charge	Patient pays 100% of charge
1	0-35,010	35,011-46,565	46,566-58,207	58,208-69,850	69,851+
2	0-47,190	47,191-62,764	62,765-78,456	78,457-94,149	94,150+
3	0-59,370	59,371-78,963	78,964-98,706	98,707-118,448	118,449+
4	0-71,550	71,551-95,163	95,164-118,955	118,956-142,747	142,748+
5	0-83,730	83,731-111,362	111,363-139,204	139,205-167,046	167,046+
6	0-95,910	95,911-127,562	127,563-159,453	159,454-191,345	191,346+
7	0-108,090	108,091-143,761	143,762-179,703	179,704-215,644	215,645+
8	0-120,270	120,271-159,960	159,961-199,952	199,953-239,943	239,944+

Office Use	
Family Income	
Patient pays	%
Sliding Fee Pays	%