



GOOD NEWS DENTAL

Income Verification and Discount Eligibility

For patients requesting discounted services we are required to ask for income information. All answers are confidential.

Patient Name: _____ **Date:** _____

Number of people living in your household: _____

Use the number of persons who live in the same household and who share income, food and rent. That number may include you, your spouse or partner, and any dependents. Do not include roommates.

Yearly estimated household income: \$ _____

Include wages from work, unemployment, alimony and child support, Social Security checks, cash public assistance, and any other monetary assistance. Do not include housing vouchers and food stamps.

Good News Dental offers a sliding fee discount program. Patients who want a sliding fee discount should provide proof of income at every visit. Common proofs of income include:

- | | | |
|-------------------------------|-------------------------------|---------------------------------|
| Check stub(s) | Social Security/SSI statement | Written statement from employer |
| Last year's W-2 or tax return | Alimony and/or child support | Unemployment statement |
| Self-Employment records | TANF/Cash assistance | VA Benefits |

I understand that to receive a discount, I must provide proof of household income on the date of the visit. If I do not provide proof of income, I will be responsible for the full fees.

The information I provide on this form may be verified by Good News Dental. This information is true and accurate to the best of my knowledge. I will notify the clinic of changes in income or household size.

I am requesting the discount described in this document.

Signature of Patient/Legal Representative

Printed Name

Date

GND STAFF ONLY:

GND Staff Printed Name: _____

Scale: A B C



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Good News Dental Federal Poverty Level Guidelines

Annual Income

Family Size	100% A	101-199% B	200%+ C
1	\$12,880	\$12,881 - 25,759	\$25,760
2	\$17,420	\$17,421 - 34,839	\$34,840
3	\$21,960	\$21,961 - 43,919	\$43,920
4	\$26,500	\$26,501 - 52,999	\$53,000
5	\$31,040	\$31,041 - 62,079	\$62,080
6	\$35,580	\$35,581 - 71,159	\$71,160
7	\$40,120	\$40,121 - 80,239	\$80,240
8	\$44,660	\$44,661 - 89,319	\$89,320
Ea. additional	\$4,540	\$4,541 - 9,079	\$9,080
Discount	50% off	25% off	Regular fees