

Cleveland Avenue Dental Center
501 N. Cleveland Avenue, Suite 1
Winston-Salem, NC 27101
336-703-3090

Cleveland Ave Dental Center Sliding Fee Discount Application

I confirm that the information below is correct and accurate to the best of my knowledge. I have reported all income sources to Cleveland Avenue Dental Center and have correctly listed all household members. If any information changes (number living in household, annual income, etc.), I understand I am to report this to the Front Office at the next visit. This application must be updated yearly.

Should it come to our knowledge that the information provided is fraudulent or misleading, the patient will not be allowed to use the Sliding Fee Scale and will be placed at 100% as long as they remain a patient.

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Responsible Party (if patient is a minor): _____

EMPLOYER INFORMATION

Employer Name: _____ Phone: (_____) _____

Verification of Household Income

Income Worksheet:

Name of Each Family Member	Income of Each Family Member
Total Yearly Income of Household	

_____ Number in Household **If additional household members, please attach sheet.**

I confirm that this information is correct and accurate to the best of my knowledge. I have reported all income sources to the Cleveland Avenue Dental Center. If any information changes, I will report this to the Front Office at the next visit.

Signature of Family Member

Date

Printed Name of Family Member

Sources of Income Include (but are not limited to): salaries, wages, public assistance monies, earnings from self-employment, unemployment compensation, alimony, Social Security benefits, Supplemental Security Income (SSI), Veteran's Administration (VA) benefits, Workers compensation

Office Use Only

Sliding Scale Placement Percentage: 60% 70% 80%

Staff Initial: _____