



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

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 Full Name: _____ Date of Birth: _____

Responsible Party (if patient is a minor): _____

Employer Name: _____

Address: _____ Phone Number: _____

DOCUMENTATION OF INCOME

- _____ Check Stubs
- _____ Supplemental Security Income (SSI)
- _____ Unemployment Compensation
- _____ Veteran’s Administration Benefits
- _____ Employer Verification Form
- _____ Social Security Benefits
- _____ Other (please list): _____

_____ Number in Household _____ Number that work in Household

_____ Total Yearly Income of Household

Office Use Only	
Sliding Scale Placement Percentage: _____	Staff Initial: _____

I understand that I am financially responsible for all charges.

X _____ Date _____
(Signature of Patient/Parent)

X _____ Date _____
(Dental Center Representative)



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Verification of Family Income

Please fill out the information below regarding the income of the entire household. The household includes all members living in the house. The family income is considered all income brought in by all members of the household.

Patient Full Name: _____ **Date of Birth:** _____

Income Worksheet:

Name of Each Family Member	Income of Each Family Member
Total Income (add all incomes):	

_____ Number in Household

If additional household members, please attach sheet.

_____ Income of Household (Combined Income of All Members of the Family)

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