



Application for FINANCIAL ASSISTANCE

Rawlins County Dental Clinic provides quality health care to all people, regardless of their ability to pay. This application may provide assistance if you have little or no insurance or financial difficulty paying for services.

Steps to receiving Financial Assistance:

- Fill out application-please print clearly
- Be sure all supporting documents are attached and the application is signed.
- Meet with RCDC representative to review application and determine assistance benefits.

Financial Assistance Overview

How do I qualify?

To qualify for a discount, you must complete an application and attach proof of income. If you have no income, a letter verifying this status is required. You must return this application to Rawlins County Dental Clinic for review by a staff member who will determine if you are eligible for a discount.

What benefits do you offer?

We strive to give affordable health care to everyone. To do so, we ask that everyone pay their fair share. **Payment will be requested at the time of service, according to your income.**

How long will by discount last?

Your discount will be in effect for 12 months. If your income or household size changes during this time, please notify Rawlins County Dental Clinic to be sure you are receiving the proper discount. When your discount expires, you will need to reapply. **You have seven (7) days to return your application to us from time of service or it will not count on that date of service!**

Can I still qualify for a discount even if I have health insurance?

YES! However, we must file your claim with your insurance first. If the claim is denied, we will then apply your discount to the total amount. If the insurance company directly sends you a payment or denial notice, you need to bring or mail it to our office so you can get your discount. Otherwise, you will be billed for the entire amount.

Questions! Just give us a call and we will be happy to assist you!

Name of Applicant: _____

Address: _____

Phone number: _____

Household Information: Please list everyone living in your home starting with yourself.

Name: Age & Birth date Relationship to you

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Household Income Information: Please list **everyone** in the household receiving income, (Household income includes all income generated by the household, **regardless of marital status**. Income includes, but is not limited to: salaries, pensions, social security payments, disability payments, alimony, child support, unemployment, self-employment wages, tips, VA benefits, etc. Need 3 months of consecutive pay slips. (*Discount is calculated on total income before taxes*) **PLEASE ATTACH PROOF OF INCOME.**

Application will not be approved without documentation of income. You will be responsible for full charges at time of service if proper documentation is not provided.

Name of person working Receiving income.	Type of income	Employer name & phone Number	Monthly amount received before taxes/deductions
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Health Insurance Information: Please list anyone in the household who currently has insurance.

Name:

Type of Insurance:

I understand that any insurance payments received by me or on my behalf must be applied to my account before I receive any discounts. I agree to pay _____ at the time of service. I certify the above information is correct and assume the responsibility of contacting Rawlins County Dental Clinic should any changes occur.

Patient's Signature

Date

FOR OFFICE USE ONLY:

Date application Received: _____

Total Verified income: _____/month/year

Financial Category: A B C D E

Benefit Qualified For: _____

Expiration Date: _____

I verify that I:

- Interviewed this applicant
- Processed the application

Signature of Rawlins County Dental Personnel