McCUE DENTAL

1116 Arsenal Street, Suite 202, Watertown, NY 13601 (315)779-2222 (315)785-1080 fax
3 Bridge Street, Carthage, NY 13619 (315)493-3510 (315)493-3513 fax
2 S. Main St., PO Box 310, Philadelphia, NY 13673 (315) 642-0318 (315) 642-0614 fax

Discounted/Sliding Fee Application

It is the policy of McCue Dental Watertown Office to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this office, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. **This form must be completed every 12 months or if your financial situation changes.**

Name of Head of Household: ____

Household Address: ____ Phone: _____________________

Place of Employment: ____

Employment Address: _______________________________________ Phone: _____________________

Please list spouse & dependents under age 18.

Self:_________________________________ Date of Birth: __________________________________

Spouse: ______________________________ Date of Birth: __________________________________

Dependent: ___________________________ Date of Birth: __________________________________

Dependent: ___________________________ Date of Birth: __________________________________

Dependent: ___________________________ Date of Birth: __________________________________

Dependent: ___________________________ Date of Birth: __________________________________

Dependent: ___________________________ Date of Birth: __________________________________

Dependent: ___________________________ Date of Birth: __________________________________

*taken from NHSC Sliding Fee Discount Schedule Information Package - Revised January 2019

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Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
TOTAL INCOME NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.				

I certify that the family size and income information shown above is correct.

NAME (Print) ____

SIGNATURE ____ DATE _______________________

____
____

Office Use Only

Patient Name: ____
Approved Discount: ____
Approved by: ____
Date Approved: ____

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Verification Checklist	YES	NO
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Cards		

*taken from NHSC Sliding Fee Discount Schedule Information Package - Revised January 2019