

Dear Patient,

Our records indicate that you were seen by a provider of The Wright Center for Community Health and you did not have any dental insurance coverage for the services provided.

If you have dental coverage, please call the Jermyn Dental Department at 570-230-0019 or the Scranton Dental Office at 570-941-0630 with your insurance information and we will update your file and submit these charges.

If you do not have dental coverage or have a balance after submission to your insurance that you are unable to pay, you may qualify for the Sliding Fee Discount Program (SFDP). Eligibility is based on self reporting of family income and size. To determine your eligibility, please complete the enclosed application.



Child Support	\$ _____
Military	\$ _____
VA Benefits	\$ _____
Pensions/Annuities	\$ _____
Dividend or Interest Income	\$ _____
Rental Income	\$ _____
Total	\$ _____

**PROOF OF INCOME IS REQUIRED FOR EACH ADULT MEMBER OF HOUSEHOLD.**

Examples of acceptable proof of income are:

- W-2 Form, 2 current pay stubs
- Current tax return
- Unemployment, Social security, Disability, Workers' Compensation award letter
- Child support and/or alimony award letter
- Pension or retirement income information
- Letter from employer establishing income
- Letter from person/persons supplying support showing amount and frequency of support

Does patient currently have any medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_