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The Wright Center for Community Health  
501 South Washington Avenue, Suite 1000  
Scranton, PA 18505

Attention: Outreach and Enrollment Coordinator Navigator

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Revenue Cycle Department



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# DENTAL SLIDING FEE DISCOUNT PROGRAM APPLICATION

Ð € ! : \_\_\_\_\_ ] € gÓ Date of Request: \_\_\_\_\_  
 § last name ž Œ ! First name Ð † /€ Ñ /Date of Appointment

( / > \* á / Phone Number

( \$ \* á / home phone

\$ ! € á ð ð æ ý > ! § Œ ð — ð

Family/Household members Name

Ð gÓ Date of birth

- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_



Ů Ǿ € ! Name and Address of Insurance: \_\_\_\_\_  
ǧ" ǿ Policy Number: \_\_\_\_\_  
ǧ" ǿ € ! Policy Holder's Name: \_\_\_\_\_ Ů gŎ Date of Birth: \_\_\_\_\_

