



MyDP Sliding Fee Schedule - Income Verification

- Funding may be available for your dental care provided the income qualifications are met. Please complete this form to determine eligibility.
- Documents that may be requested in order to verify your income may include:
- Proof of current employment earnings, pay stubs, Social Security Income statement, Bank Statement, Income Tax Returns, Pension Statement

Head of Household		
Other Members of Household		
Number in Household		

Please list the annual household income received from the following sources:	Self	Spouse	Other	Total
Employment	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Social Security Income	\$	\$	\$	\$
Retirement Benefits/Pension	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total =	\$	\$	\$	\$

I certify that the information I have provided is true and correct to the best of my knowledge. I understand that I must report any change in my financial status, and I will be asked to re-apply annually.

Patient or Guarantor Signature

Date

Office Use Only

Chart #: _____

Verification Method: _____

Program (circle one):

MyDP Platinum

MyDP Gold

MyDP Silver

MyDP Bronze

Verified by

Date