

SLIDING FEE SCHEDULE APPLICATION

Wilson Martino Dental of Doddridge

190 Marie Street, West Union or Doddridge School Campus Only
304-408-3270

You must be a patient of record to apply for this program, if you are not currently a patient please call us to register.

Personal Information

Full Name:	Date of Birth:
------------	----------------

Address:

Email:	Phone:
--------	--------

Are you a current patient? YES NO	Marital Status:
-----------------------------------	-----------------

Do you have dental insurance? YES NO	If yes, policy #:
--------------------------------------	-------------------

Have you applied for WV Assistance (Medical Card / Dental Benefit)?

Household Information - List Below: Self and Spouse and/or Dependents under 18 residing in your home.

Name	Date of Birth	Relationship to Applicant
Head of Household/Guarantor:		
Spouse/Partner:		
Dependent:		
Dependent:		
Dependent:		
Dependent:		
Dependent:		
Dependent:		

Income Information - List Below: All income sources for applicant and spouse (proof is required).

Earners Name	Annual Amount	Income Source (job, disability, unemployment, etc..)
	\$	
	\$	
	\$	
	\$	
Total Income	\$	

Required Attachments (bring with completed application):
 Previous Year's Tax Return, Proof of Income (for each item listed above), Photo ID, Letter from Current Employer confirming Employment Status (if employed), Denial Letter from WV State Insurance (if denied for Medicaid Dental Benefits)

--

Applicant Signature and Date