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SLIDING SCALE APPLICATION

Red Bird Dental provides essential dental services with discounts based on family/household size and annual income. The discount applies to all services received at this location, but not those services which are purchased from outside, including laboratory fees. The discount applies only to essential dental services, and not to cosmetic or orthodontic services. Please provide a copy of a valid ID, and proof of income/documentation. The form must be completed with updated documentation every 6 months.

General Information

Name		Place of Employment and Work Address	
Home Address			Phone
Social Security Number	Date of Birth	Health Insurance Plan	

Spouse and Dependents Under Age 18

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	Dependent	Date of Birth

Annual Household Income (Include gross wages, social security benefits, child support, military family allotments, income from self-employment, etc.)

	Household Income		
	Annual	Monthly	Biweekly
Self			
Spouse			
Dependent Children			
Total			

I certify that the information completed on this form is correct and true. Copies of tax returns, pay stubs, social security benefits statements, child support orders and other information verifying income may be required before a discount is approved.

Name (Print): _____ Signature: _____
 Date: _____

Office Use Only:

Patient Name: _____ Expiration Date: _____ ID/Documents Verified: _____
 Treatment Approved: _____ Sliding Scale Group: _____