



Sliding Fee Verification Documents

Items needed for verification process:

- _Completed Sliding Fee Discount Application with signature (chart number, family size completed)
- _Proof of Income, this is gross income before taxes, (see below)
- _Proof of Residency (see below)
- _Copies of insurance, Medicaid, and/or Medicare cards

Acceptable Proofs of Income: All that apply

- _1 month of paystubs
- _Unemployment benefit statement
- _Social Security benefit statement
- _Pension/Retirement benefit statement
- _For income from business, self-employment, rental, interest, dividends, etc. submit a complete Federal tax return
- _Child support & alimony court papers

Acceptable Proofs of Residency: One of the following

- _Current utility bill
- _Lease or mortgage
- _Real estate bill
- _Rent receipt
- _Notarized landlord affidavit
- _Federal tax return

Exceptions:

Patient has started new job and only has one paycheck stub. Will be placed on Review Pending for 30 days. If patient has no documented income a "No Income Affidavit Form" **must be signed.**

Greenfield Medical & Dental
102 Main Street
Greenfield, MA 01301

Tel: (413) 325-8500
Fax: (413) 774-3072

Orange Medical & Dental
119 New Athol Road
Orange, MA 01364

Medical:
Tel: (978) 544 7800
Fax: (978) 544-0025

Dental:
Tel: (978) 544- 1576
Fax: (978) 544-0024

Urgent Dental Care
164 High Street
Greenfield, MA 01301

Tel: (413) 325-8700
Fax: (413) 475-3111