



B Financial Assistance Agreement

This form is a financial agreement between myself and Lindquist Dental Clinic for Children (LDCC).



\_\_\_\_\_ You did not apply for Financial Assistance [Proceed to Section B]

\_\_\_\_\_ You do not qualify for Financial Assistance [Proceed to Section B]

\_\_\_\_\_ You qualify for Financial Assistance

Based on your family size and gross household income you provided, you qualify for Financial Assistance through the HCA Uninsured Care Expansion Grant.

LDCC is able to provide dental services for your child/children:

\_\_\_\_\_ at 100% off of our fees for services provided (also known as a Sliding Fee Scale)

\_\_\_\_\_ at 100% off of your patient portion not paid for by your insurance

\_\_\_\_\_ No out of pocket costs for **covered** services due to your United Concordia Dental Insurance coverage and military status



You have the following payment options:

**A minimum payment of 25% of the open balance or the family balance is due at time of service, OR you have a current and up to date payment plan.**

Recurring monthly payments using your credit card or debit card on file. Payments will be either the total divided by 12 months, or your balance divided evenly per month for equal monthly payments (no less than \$40 per month), whichever is greater, until the balance is paid:

\_\_\_\_\_ Balance of \$ \_\_\_\_\_ split evenly over 12 months

\_\_\_\_\_ An amount of \$ \_\_\_\_\_ monthly for \_\_\_\_\_ months

\_\_\_\_\_ Payment made in full at time of each service

By signing this form I am entering into a financial agreement with LDCC and agree to pay my portion of dental services provided as noted above. Future appointments will not be made until account is brought current. This Financial Assistance Agreement is valid for on calendar year from the original sign date of the document as listed below.



\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

***Disclaimer: This Financial Assistant Agreement is valid only until funds from the HCA Uninsured Care Expansion Grant lasts. Once funds are depleted, the patient will have to fill the standard LDCC Financial Assistance Application to qualify for the varying Financial Assistance discount levels based on the HUD defined Income Limits.***

Internal LDCC Use

Income verified by: \_\_\_\_\_ Financial assistance added: \_\_\_\_\_ Recurring billing est: \_\_\_\_\_