



*9201 Eagle Ranch Rd NW  
Albuquerque, NM 87114  
505-553-3607*

## **Discount Fee Policy**

### **Policy**

It is the policy of Smiles for New Mexico Kids Mobile Dentistry to provide essential dental services regardless of the patient's ability to pay. Discounts are offered based upon family/household size and annual income. A sliding fee schedule is used to calculate the basic discount and is updated each year using the Federal Poverty Guidelines. Once approved, the discount will be honored for 12 months, after which the patient must reapply.

### **Discount Application Process**

A completed application including required documentation of the home address, household income, and insurance coverage must be on file and approved by the business office before a discount will be granted. A written denial of coverage by Medicaid will also be required.

Once approved, the applicant will receive a signed letter documenting the approved discount level, the date of inception, as well as the cancellation date. The discount offered is applied to all essential services provided by Smiles for New Mexico Kids, including laboratory and x-ray service fees. Cosmetic or unnecessary services (as determined by the Dentist) are excluded. Reference and treatment for hospital services or other off-site specialty services are excluded.

The application and required documentation may be sent with the child to be turned in along with the permission slip, or it may be mailed to:

Smiles for NM Kids  
ATTN: Ebonie Bogdan  
9201 Eagle Ranch Rd. NW  
Albuquerque, NM 87114

Applications must be received prior to the expected service date.

**Smiles for New Mexico Kids Mobile Dentistry - Sliding Fee Discount Program Application**

It is the policy of Smiles for New Mexico Kids to provide essential dental services regardless of the patient's ability to pay. Discounts are offered based upon family/household size and annual income. Please complete the following information and return to your child's school nurse or to our office to determine if your family is eligible for a discount.

The discount will apply to all services received at this office, but not those services which are done in an outside facility, including outpatient hospital treatment or services rendered by a specialist not affiliated with this office. Discounts apply only to current services and those done within six months of program acceptance. Past services are ineligible for discount. This form must be completed every twelve (12) months. Please inquire at the front desk if you have any questions.

Name of Head of Household: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Insurance Company: \_\_\_\_\_ Subscriber ID #: \_\_\_\_\_

**Please list spouse and dependents under age 18:**

Name	Date of Birth	Name	Date of Birth
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

**Annual Household Income:**

Source	Self	Spouse	Other	TOTAL
Gross Wages, salaries, tips, etc.				
Social Security, pension, annuity, veteran's benefits				
Alimony, child support, military family allotments				
Income from business self employment				
Rent, interest, dividend, and other income				
<b>Total Income</b>				

I certify that the family size and income information shown above is correct. Copies of tax returns, last three (3) pay stubs, or other information verifying income will be required before a discount is approved.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Verification Checklist (attach copies)	YES	NO	N/A
Identification/Address: Driver's license, employment ID, state issued ID, other			
Income: Prior year tax return, three (3) most recent pay stubs, other			
Medicaid: Application made or evidence of rejection			
Insurance: Copy of dental insurance card and/or eligibility confirmation			

**Office Use Only**

Approved? Y N Discount \_\_\_\_\_ Expiration Date \_\_\_\_\_ Approved By \_\_\_\_\_