



Lincoln County Dental
Opening the Doors to Dental Care

Sliding Scale Patient Registration Package

Lincoln County Dental
93 Churchill Street
P.O. Box 243
Wiscasset, ME 04578
207-386-6600
lcmdental.org



Welcome to Lincoln County Dental

Thank you for choosing Lincoln County Dental to be your dental health care provider. We believe you will find us to be different from other dental practices you may have been to in the past. We are here to provide services to Lincoln County Residents. Our experienced team is here to help take care of all your dental needs.

We ask that you complete the financial assistance application online at lcdental.org.

Don't have an appointment yet? Call us and we will be happy to schedule one, or complete the paperwork and mail, fax, or email them to us. One of our team members will contact you.

We also ask that if you will be having x-rays forwarded from another office, that we have them 4 business days prior to your appointment in order to allow the dentists time to review them. Our office is open Monday-Thursday 8:00 a.m. to 4:00 p.m.

If we have not received your paperwork and any x-rays 4 business days prior to your appointment, we will be updating x-rays at your appointment, otherwise, we will need to reschedule the appointment. Please do not hesitate to call our office at (207) 386-6600 if you have any questions. We look forward to the beginning of our dental relationship with you.

Sincerely,

Lincoln County Dental

P.O. Box 243

Wiscasset, ME 04578

frontdesk@lcdental.com

fax: 1-207-850-2260



APPLICATION REQUIREMENTS FOR SLIDING FEE

Lincoln County Dental, Inc. offers an income-based sliding fee schedule to residents of Lincoln County that provides discounts to uninsured individuals who qualify based on the submission of financial information. The sliding fee scale is based on household income and family size and is updated annually when the Federal Government releases new Federal Poverty Guidelines. The purpose of this policy is to establish a consistent method of income verification to determine eligibility for use of the income-based sliding fee scale.

Procedure:

A patient who wishes to determine eligibility for use of the income-based sliding fee schedule provides Lincoln County Dental, Inc. with the following information:

1. A patient registration form.
2. A copy of the most recent tax return for all members of the household
3. A copy of paycheck stubs from the last six pay periods
4. A copy of other sources of income (pension, VA benefit, child support/alimony, unemployment, workers comp, etc.)

The front office personnel compare the above information to the 2022 Federal Poverty Guidelines below to determine the fee level for which the individual/family qualifies.

Annual Income Ranges				
Family Size	< 150%	150+%-200%	200+%-250%	Full Charge
1	Zero to \$20,385	\$20,386-\$27,180	\$27,181-\$33,975	Over \$33,975
2	Zero to \$27,465	\$27,466-\$36,620	\$36,621-\$45,775	Over \$45,775
3	Zero to \$34,545	\$34,546-\$46,060	\$46,061-\$57,575	Over \$57,575
4	Zero to \$41,625	\$41,626-\$55,500	\$55,501-\$69,375	Over \$69,375
5	Zero to \$48,705	\$48,706-\$64,940	\$64,941-\$81,175	Over \$81,175
6	Zero to \$55,785	\$55,786-\$74,380	\$74,381-\$92,975	Over \$92,975
7	Zero to \$62,865	\$62,866-\$83,820	\$83,821-\$104,775	Over \$104,775
8	Zero to \$69,945	\$69,946-\$93,260	\$93,261-\$116,575	Over \$116,575
Monthly Income Ranges				
Family Size	< 150%	150+%-200%	200+%-250%	Full Charge
1	Zero to \$1,699	\$1,699-\$2,265	\$2,265-\$2,831	Over \$2,831
2	Zero to \$2,289	\$2,289-\$3,052	\$3,052-\$3,815	Over \$3,815
3	Zero to \$2,879	\$2,879-\$3,838	\$3,838-\$4,798	Over \$4,798
4	Zero to \$3,469	\$3,469-\$4,625	\$4,625-\$5,781	Over \$5,781
5	Zero to \$4,059	\$4,059-\$5,412	\$5,412-\$6,765	Over \$6,765
6	Zero to \$4,649	\$4,649-\$6,198	\$6,198-\$7,748	Over \$7,748
7	Zero to \$5,239	\$5,239-\$6,985	\$6,985-\$8,731	Over \$8,731
8	Zero to \$5,829	\$5,829-\$7,772	\$7,772-\$9,715	Over \$9,715



What to Expect at your Comprehensive Oral Evaluation (COE) Appointment

- Pictures of your face & mouth
- Full mouth series of x-rays (unless a current, diagnostically acceptable series taken within the last 5 years is provided: consists of 18 x-rays) or 4 bite-wing check-up x-rays (if a current full mouth series is provided)
- Examination/assessment of the anatomy of your head, face, jaw & neck
- Examination/assessment of the anatomy within your mouth
- Oral cancer screening
- Periodontal assessment to determine the health of your gums & jaw bone
- Examination by one of the dentists
- Treatment plan for your hygiene needs (type of cleaning needed)
- Treatment plan for your restorative needs (fillings, crowns, denture, etc.)

Please note that this appointment is designed to enable the hygienist & dentist to determine what type of hygiene (cleaning) appointment you will need. We will invite you to return for an appointment(s) with the hygienist to complete your hygiene (cleaning) needs. If you do not need a hygiene appointment, you will be scheduled for any restorative needs diagnosed by the doctor.