



**Dear Parents or Guardian,**

If you need financial assistance so your child can receive a dental screening, cleaning, and fluoride, please check the appropriate box and fill out the required information.

School/Center:			
Child's Full Name:		Date of Birth:	
Parent/Guardian Name:		Phone #:	Email:
Address:	City:	State:	Zip:

Please check areas that apply to you and fill out information:

**My child has Medicaid/Pennsylvania CHIP. The ID # is:** \_\_\_\_\_

Circle one of the following: Aetna, AmeriHealth, Blue Cross CHIP, Gateway, Geisinger, HealthPartners, Keystone First, Kidz Partners, Medicaid, United Concordia CHIP, United Healthcare, UPMC, Other: \_\_\_\_\_

**I don't have Medicaid/Pennsylvania CHIP and wish to apply.**

Medicaid/Pennsylvania CHIP is an affordable insurance program offered by the State of Pennsylvania for children birth through age 18. To qualify for this, a child must be a Pennsylvania resident, under age 19, and live in a family that makes at or below the monthly income in the chart below.

Household Size	Free		Low Cost				Full Cost
	Ages 1-5	Ages 6-18	Ages 0-1	Ages 1-18	Ages 0-18	Ages 0-18	Ages 0-18
1	\$19,610-\$25,980	\$16,612-\$25,980	\$26,854-\$32,724	\$25,980-\$32,724	\$32,724-\$35,972	\$35,972-\$39,219	\$39,219 – No Limit
2	\$26,549-\$35,173	\$22,491-\$35,173	\$36,357-\$44,305	\$35,173-\$44,305	\$44,305-\$48,701	\$48,701-\$53,098	\$53,098 – No Limit
3	\$33,489-\$44,367	\$28,369-\$44,367	\$45,860-\$55,885	\$44,367-\$55,885	\$55,885-\$61,431	\$61,431-\$66,977	\$66,977 – No Limit
4	\$40,428-\$53,560	\$34,248-\$53,560	\$55,363-\$67,465	\$53,560-\$67,465	\$67,465-\$74,160	\$74,160-\$80,855	\$80,855 – No Limit
5	\$47,367-\$62,754	\$40,127-\$62,754	\$64,866-\$79,046	\$62,754-\$79,046	\$79,046-\$86,890	\$86,890-\$94,734	\$94,734 – No Limit
6	\$54,307-\$71,948	\$46,005-\$71,948	\$74,369-\$90,626	\$71,948-\$90,626	\$90,626-\$99,620	\$99,620-\$108,613	\$108,613 – No Limit
7	\$61,246-\$81,141	\$51,884-\$81,141	\$83,872-\$102,207	\$81,141-\$102,207	\$102,207-\$112,349	\$112,349-\$122,492	\$122,492 – No Limit
8	\$68,186-\$90,335	\$57,762-\$90,335	\$93,375-\$113,787	\$90,335-\$113,787	\$113,787-\$125,079	\$125,079-\$136,371	\$136,371 – No Limit
9	\$75,125-\$99,528	\$63,641-\$99,528	\$99,528-\$125,367	\$125,367-\$137,808	\$137,808-\$150,249	\$102,878-\$125,367	\$150,249 – No Limit
10	\$82,064-\$108,722	\$69,520-\$108,722	\$112,381-\$136,948	\$108,722-\$136,948	\$136,948-\$150,538	\$150,538-\$164,128	\$164,128 – No Limit

**To apply for Medicaid/Pennsylvania CHIP, call 1-866-550-4355 or visit [www.compass.state.pa.us](http://www.compass.state.pa.us)**

**I have other dental insurance.**  
Please attach a copy of the front and back of the insurance card to this form and complete the information below.

Insurance Company Name (other than Medicaid)	_____
Insurance Company Phone	_____
Group Number	_____
Employer Name	_____ Company Phone _____
Name of Insured Adult	_____ Birth Date of Insured Adult _____
Member ID/Policy #	_____ Social Security # of Insured Adult _____

**I have no dental insurance and do not wish to apply to Medicaid/Pennsylvania CHIP.**  
I will pay for a subsidized service because I am unable to pay full fee. It will cover dental screening, cleaning, and fluoride.

**Age 11 and Under - \$58.00      Age 12 and Older - \$69.00**

Please staple check or money order to this form and make payable to: **Smile Pennsylvania**. To pay by credit card, please call 1-800-409-2563.

**I request donated care to cover the cost of a dental screening, cleaning, and fluoride for my child.**  
I certify that my monthly household income is below the monthly income limits above, and I am not eligible for Medicaid/Pennsylvania CHIP, or any other dental assistance programs.

**X Sign Here** \_\_\_\_\_ **Date** \_\_\_\_\_  
Parent/Guardian

We look forward to seeing your child. Please return to your school/center as soon as possible. If you have questions, please call 1-800-409-2563.