



Sliding Fee Verification Documents

Items needed for verification process:

- _Completed intake calculation sheet with signature (chart number, family size completed)
- _Copies of insurance, Medicaid, Medicare, or other program participation documentation
- _Most recent tax return
- _Proof of Income
- _Proof of Residency

Acceptable Proof of Income: All that apply

- _1 month of paystubs
- _Income Tax Forms (showing annual gross income) with W-2
- _Social Security statement
- _Bank statements (for pension)
- _Statements from employers that state gross pay per pay period
- _Child support & alimony court papers
- _Self-employed & Rental: Federal tax return with schedule C (self-employed) or E (rental)

Acceptable Proof of Residency: One of the following

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

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

450 W River Street
Orange, MA 01364

Medical: Tel: (978) 544 7800
Dental: Tel: (978) 544- 1576
Fax: (978) 544-0025 Fax: (978) 544-0024

Urgent Dental Care

164 High Street
Greenfield, MA 01301

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