



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: Medicaid, Gateway, United Healthcare, Keystone First, AmeriHealth Caritas, UPMC, HealthPartners, Geisinger CHIP, Aetna, United Concordia CHIP, Coventry Cares, Kidz Partners, Blue Cross CHIP, 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	\$18,652-\$24,711	\$15,801-\$24,711	\$25,542-\$31,126	\$24,711-\$31,126	\$31,126-\$34,215	\$34,215-\$37,304	\$37,304 – No Limit
2	\$25,152-\$33,322	\$21,307-\$33,322	\$34,443-\$41,973	\$33,322-\$41,973	\$41,973-\$50,303	\$46,138-\$50,303	\$50,303 – No Limit
3	\$31,652-\$41,933	\$26,813-\$41,933	\$43,344-\$52,820	\$41,933-\$52,820	\$52,820-\$58,061	\$58,061-\$63,303	\$63,303 – No Limit
4	\$38,151-\$50,544	\$32,319-\$50,544	\$52,245-\$63,666	\$50,544-\$63,666	\$63,666-\$69,984	\$69,984-\$76,302	\$76,302 – No Limit
5	\$44,651-\$59,156	\$37,826-\$59,156	\$61,146-\$74,513	\$59,156-\$74,513	\$74,513-\$81,908	\$81,908-\$89,302	\$89,302 – No Limit
6	\$51,151-\$67,767	\$43,332-\$67,767	\$70,047-\$85,360	\$67,767-\$85,360	\$85,360-\$93,831	\$93,831-\$102,303	\$102,302 – No Limit
7	\$57,667-\$76,399	\$48,851-\$76,399	\$78,970-\$96,233	\$76,399-\$96,233	\$96,233-\$105,783	\$105,783-\$115,333	\$115,333 – No Limit
8	\$64,198-\$85,052	\$54,384-\$85,052	\$87,914-\$107,132	\$85,052-\$107,132	\$107,132-\$111,764	\$117,764-\$128,395	\$128,395 – No Limit
9	\$70,730-\$93,705	\$59,917-\$93,705	\$96,858-\$118,032	\$93,705-\$118,032	\$118,032-\$129,745	\$129,745-\$141,458	\$141,458 – No Limit
10	\$77,262-\$102,358	\$65,450-\$102,358	\$105,802-\$128,932	\$102,358-\$128,932	\$128,932-\$141,726	\$141,726-\$154,521	\$154,521 – No Limit

To apply for Medicaid/Pennsylvania CHIP, call 1-866-550-4355 or visit <https://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	
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.