



FINANCIAL ASSISTANCE PROGRAM

At Gentle Dental, an important part of our mission is to provide quality dental care to the diverse communities that we serve. We recognize that many people are concerned with the financial challenges of their dental care. The Gentle Dental Financial Assistance Program offers need-based support to patients who may not have the financial means to pay for their dental expenses.

Effective June 1, 2019, certain of our Gentle Dental offices are offering this Financial Assistance Program, which is a “sliding scale discount program” for eligible uninsured, underinsured, and/or low income patients, based on household and family size, and indexed to the Federal Poverty Level (“FPL”) guidelines in order to ensure fairness in the administration of these discounts. The Financial Assistance Program covers certain primary care dental services provided by Gentle Dental providers.

To be considered for participation, please complete the Financial Assistance Program [application](#). As eligibility is based on financial need, proof of household income is required. Gentle Dental will evaluate your application along with all required documentation to determine your eligibility for the Financial Assistance Program and will treat all information submitted confidentially. Eligibility will be re-evaluated at least annually and at any time there is a change in one or more of the application criteria.

Gentle Dental reserves the right to modify the criteria considered for eligibility without notice. We do not require Medicare, Medicaid, or Children’s Health Insurance Program application or proof of denial before allowing a patient to apply and be eligible for the Financial Assistance Program.

We will not discriminate on the basis of age, gender identity, race, sexual orientation, color, creed, religion, disability, or national origin when making financial assistance determinations.

Once assessed, qualified applicants who are within the income guidelines will receive a discount based on the sliding fee schedule. If you have existing coverage, the sliding fee schedule offered by the Financial Assistance Program shall apply only to primary care services not covered by your insurance or government-sponsored benefit plans, including OHP and Medicare. Cosmetic and elective services are not covered. There may also be additional charges for lab services. See the [Program Policy](#) for more details.

If you have any questions about the Gentle Dental Financial Assistance Program, or wish to schedule an appointment, please contact us at (971) 239-1825.

Links:

- Gentle Dental Financial Assistance Program: [Application](#)

Participating Locations:

Gentle Dental McMinnville	Gentle Dental Newberg
Gentle Dental Sheridan	Gentle Dental Dallas
Gentle Dental Woodburn	Gentle Dental Keizer
Gentle Dental Lancaster	Gentle Dental Lincoln City
Gentle Dental Bend	Gentle Dental West Salem
Gentle Dental Albany Children’s	Gentle Dental Corvallis
Gentle Dental Corvallis	Gentle Dental Eugene
Gentle Dental Valley River	Gentle Dental Lebanon
Gentle Dental Springfield	Gentle Dental Grants Pass
Gentle Dental Medford Children’s	Gentle Dental Medford Main
Gentle Dental Northgate	Gentle Dental Central SBHC
Gentle Dental Albany Pacific	Gentle Dental CCS
Gentle Dental Milwaukie	Gentle Dental Coburg Station
GD Keizer Station	GD Madras
GD McMinnville	GD Redmond OR
GD Skyline	GD Woodburn
GD Newberg	GD Sheridan
GD Albany	GD Klamath Falls
GD North Eugene	GD Dallas

Gentle Dental will offer sliding fee scale discounts on primary care services for qualifying patients.

Sliding fee scale discounts apply only to services provided directly by Gentle Dental. Fees for labs, supplies, equipment and services not provided by Gentle Dental are determined by the entity providing them. Sliding fee scale discounts will be reviewed annually, and Gentle Dental reserves the right to withdraw, suspend and/or modify the Program at any time. Previously approved treatment plans will continue to be honored through completion.

Primary care services for purposes of this Program are defined as those dental services covered by the Oregon Health Plan.

Qualifying patients are those with all incomes at or below 200% of the Federal Poverty Guidelines based upon total gross household income and the number of persons residing in the household. A nominal charge will be established for patients at or below 100% of the Federal Poverty Guidelines.

Patients must complete an application annually and furnish proof of income. If patients do not have proof of income they must provide a statement describing how they are supporting themselves.

(Rev. 2/2024)

Under no circumstances will Gentle Dental waive or discount amounts that do not meet the requirements outlined in this policy or the Program. This Program is not to attract or retain patients, but to assist qualifying patients who cannot afford primary care services.

Gentle Dental will not discriminate on the basis of age, gender identity, race, sexual orientation, creed, religion, disability or national origin.

FINANCIAL ASSISTANCE PROGRAM FEE SCHEDULE:

Family Size	= or <100%	<u>Poverty Level Annual Salary Ranges</u>					> 200%
		Up to 125%	Up to 150%	Up to 175%	UP to 200%		
1	14,580	18,225	21,870	25,515	29,160		
2	19,720	24,650	29,580	34,510	39,440		
3	24,860	31,075	37,290	43,505	49,720		
4	30,000	37,500	45,000	52,500	60,000		
5	35,140	43,925	52,710	61,495	70,280		
6	40,280	50,350	60,420	70,490	80,560		
7	45,420	56,775	68,130	79,485	90,840		
8	50,560	63,200	75,840	88,480	101,120		
Each additional person, add	5,140	6,425	7,710	8,995	10,280		
Fee/ Discount	\$35 per visit	80%	60%	40%	20%	0%	