



Sliding Fee Discount Application

It is the policy of Willamette Dental (WD) to provide essential primary care services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the front desk or email to memberservices@willamettedental.com to determine if you or any members of your family are eligible for a discount.

The discount applies to all Sliding Fee Discount Program (SFDP) covered primary care services received at participating WD locations or through referrals made by dentists at those locations. The discount will not apply to any service or equipment not deemed a SFDP covered primary care service, regardless of WD participating location providers' recommendation. This form must be completed at least once every 12 months or any time your financial situation changes.

Name of head of household		Place of employment		
Street	City	State	Zip	Phone

Please list spouse and dependents under the age of 18.

Name	Date of birth	Name	Date of birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

If applicable, list any active dental insurance information:

Carrier Name & Phone #:	Subscriber Name	Subscriber Date of Birth	Subscriber #	Group #

Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				



Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, incomes from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

NOTE: Copies of tax returns, pay stubs, or verifying information (listed above) is required before a discount can be approved. A copy of your driver's license or an employment ID must also be included with the application.

I certify that the family size and income information shown above is correct.

Name (Print) _____

Signature _____ Date _____

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved By: _____

Date Approved: _____

Verification checklist	Yes	No
Identification/address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, two most recent pay stubs, or other		
Insurance: Insurance cards		

Sliding Fee Discount Primary Care Services

The Sliding Fee Discount Program applies only to the primary care services listed below. Eligible services must be received at participating Willamette Dental (WD) locations or through referrals made by dentists at those locations. Discounts will not apply to services that are not listed, even if they are recommended by a provider at a participating WD location.

Procedure	Description
D0120	Periodic oral evaluation established patient
D0120Z	Periodic evaluation by specialist established patient
D0140	Limited oral evaluation problem focused
D0140Z	Limited oral evaluation by specialist problem focused
D0145	Oral eval for pt under age 3/counseling w/primary care doc
D0150	Comprehensive oral evaluation
D0150Z	Comprehensive oral eval by specialist
D0160	Detailed extensive oral eval - problem focused
D0170	Re-evaluation limited
D0170C	Re-evaluation limited - CRA
D0170P	Re-evaluation limited - Post SRP
D0170R	Re-evaluation limited - Risk Factors
D0170T	Re-evaluation limited - Tissue Check
D0170Z	Re-evaluation limited by specialist
D0171	Re-evaluation post-operative office visit
D0180	Comprehensive perio evaluation
D0191	Assessment of a patient to identify need for diag and tx
D0210	Intraoral: complete series of 14-22 radiographic images
D0220	Intraoral: periapical 1st radiographic image
D0230	Intraoral: periapical each addl radiographic image
D0240	Intraoral: occlusal radiographic image
D0270	Bitewing: single radiographic image
D0272	Bitewings: 2 radiographic images
D0273	Bitewings: 3 radiographic images
D0274	Bitewings: 4 radiographic images

Procedure	Description
D0277	Bitewings: 5-8 radiographic images
D0330	Panoramic radiographic image
D0422	Collection and prep of genetic sample for lab and report
D0460	Pulp vitality tests
D0460Z	Pulp vitality test by specialist
D0461	Testing for cracked tooth-includes multiples
D0461Z	Testing for cracked tooth-includes multiples
D0601	Caries risk assessment and documentation low risk
D0602	Caries risk assessment and documentation moderate risk
D0603	Caries risk assessment and documentation high/extreme risk
D1110	Prophylaxis - adult
D1120	Prophylaxis - child
D1206	Topical application of fluoride varnish
D1310	Nutritional counseling
D1320	Tobacco counseling
D1330	Oral hygiene instructions
D1351	Sealant - per tooth
D1353	Sealant repair per tooth
D1354	Application of caries arresting meds per tooth
D1355	Caries preventive meds application per tooth remineralizatio
D1510	Space maint: fixed unilateral per quad
D1516	Space maintainer fixed bilateral, max
D1517	Space maintainer fixed bilateral, mandib
D1520	Space maint - remov-unilateral per quad
D1526	Space maintainer removable bilateral, max
D1527	Space maintainer removable bilateral, mand
D1551	Recmt or rebond bilateral sp maint max
D1552	Recmt or rebond bilateral sp maint mand
D1553	Recement or rebond fixed unilater sp maint per quad
D1556	Removal of fixed unilateral sp maint per quad
D1557	Removal of fixed bilateral sp maintainer max
D1558	Removal of fixed bilateral sp maintainer mand
D1575	Distal shoe space maintainer fixed unilateral per quad
D2140	Amalgam-1 surface
D2150	Amalgam-2 surfaces
D2160	Amalgam-3 surfaces
D2161	Amalgam-4+ surfaces

Procedure	Description
D2330	Resin-based comp 1 surf anterior
D2331	Resin-based comp- 2 surf anterior
D2332	Resin-based comp 3 surf anterior
D2335	Resin-based comp 4 or more surf anterior
D2390	Resin-based comp crown anterior
D2391	Resin-based comp 1 surf posterior
D2392	Resin-based comp 2 surf posterior
D2393	Resin-based comp 3 surf posterior
D2394	Resin-based comp 4 or more surf posterior
D2799	Interim crown further tx needed prior to final impression
D2910	Recement/rebondt inlay, onlay, or veneer
D2915	Recemen/rebond post and core
D2920	Recemen or re-bond crown
D2921	Reattachment of tooth fragment incisal edge or cusp
D2928	Prefab porcelain/ceramic crown permanent tooth
D2929	Prefab porcelain/ceramic crown primary tooth
D2930	Prefab stainless steel crown primary tooth
D2930H	Prefab stainless steel crown primary Hall technique
D2931	Prefab stainless steel crown permanent tooth
D2932	Prefab resin crown
D2933	Prefab SS crown - resin window
D2934	Prefab esthetic coated SS crown primary tooth
D2940	Protective restoration
D2949	Restorative foundation for an indirect restoration
D2950	Core buildup including any pins
D2951	Pin retention - per tooth
D2952	Post and core, indirect
D2954	Prefab post and core
D2955	Post removal
D2956	Removal of a perm indirect restoration on a natural tooth
D2957	Addl prefab post - same tooth
D2980	Crown repair due to restorative material failure
D2981	Inlay repair due to restorative material failure
D2982	Onlay repair due to restorative material failure
D2990	Resin infiltration of incipient smooth surf lesion
D3110	Pulp cap - direct
D3110Z	Pulp cap direct - Specialist

Procedure	Description
D3120	Pulp cap – indirect
D3220	Therapeutic pulpotomy
D3220Z	Therapeutic pulpotomy by specialist
D3221	Pulpal debridement primary or permanent tooth
D3230	Pulpal therapy anterior primary th
D3240	Pulpal therapy posterior primary th
D3501	Surgical exposure of root surface no apico anterior
D3502	Surgical exposure of root surface no apico premolar
D3503	Surgical exposure of root surface no apico molar
D4341	Scaling root planing 4 or more teeth per quad
D4341Z	Scaling root planing 4 or more teeth per quad specialist
D4342	Scaling root planing 1-3 teeth per quad
D4342Z	Scaling root planing 1-3 teeth per quad specialist
D4346	Full mouth scaling-mod/severe inflammation
D4355	Full mouth debridement
D4355Z	Full mouth debridement specialist
D4910	Periodontal maintenance
D5410	Adjust complete denture maxillary
D5411	Adjust complete denture mandibular
D5421	Adjust partial denture maxillary
D5422	Adjust partial denture mandibular
D5511	Repair complete denture base mandibular
D5512	Repair complete denture base maxillary
D5520	Replace missing or broken tooth denture per tooth
D5520B	Replace missing or broken tooth denture per tooth/Denturist
D5611	Repair resin partial denture base, mandibular
D5612	Repair resin partial denture base, maxillary
D5621	Repair cast partial framework, mandibular
D5622	Repair cast partial framework, maxillary
D5630	Repair or replace broken clasp per tooth
D5640	Replace broken tooth RFD each tooth
D5650	Add tooth to existing partial
D5660	Add clasp to existing partial per tooth
D5730	Reline complete maxillary denture chairside
D5730B	Reline complete maxillary denture chairside/Denturist
D5731	Reline complete mandibular denture chairside

Procedure	Description
D5731B	Reline complete mandibular denture chairside/Denturist
D5740	Reline maxillary partial denture chairside
D5741	Reline mandibular partial denture chairside
D5765	Soft liner complete or partial denture indirect (lab)
D5820	Interim partial denture maxillary
D5821	Interim partial denture mandibular
D5850	Tissue conditioning maxillary
D5851	Tissue conditioning mandibular
D7111	Extraction coronal remnants primary tooth
D7140	Extraction erupted th or exposed root
D7140R	Removal of residual root, non-cutting procedure
D7140Z	Extraction erupted th or exposed root specialist
D7210	Extraction erupted tooth incl bone removal/sectioning/flap
D7210Z	Extraction erupted tooth incl bone removal/sectioning/flap
D7300	Removal of TAD without flap
D7510	Incision & drainage of abcess soft tissue
D7510Z	Incision & drainage of abcess soft tissue Spec
D7511	Incision & drainage of abcess soft tissue complicated
D7520	Incision & drainage abcess extraoral soft tissue
D7521	Incision & drainage abcess extraoral soft tissue complicated
D9110	Palliative (emergency) tx of dental pain
D9110Z	Palliative (Emergency) - Minor specialist
D9310	Consultation
D9310Z	Consultation - Per Session specialist
D9910	Application of desensitizing medication
D9911	Application of desensitizing resin per tooth
D9951	Occlusal adjustment - limited