



VINA COMMUNITY DENTAL CENTER "THE HEART OF LIVINGSTON COUNTY DENTISTRY"

We are pleased to provide the following information about the VINA Community Dental Center. Our mission is to provide quality, affordable dental care to eligible Livingston County residents with limited finances and no access to dental care while upholding the professional standards of dentistry in a concerned and compassionate way.

ELIGIBILITY: Patients must meet ALL 3 requirements:

1. Individuals must live in Livingston County. 6 months legal residency is required.
2. Households must have NO dental insurance.
3. Households must have an income at or below 200% of federal poverty level. This also includes public assistance, social security, and unemployment.

IMPORTANT INFORMATION:

- Bring proof of family income and legal residence every 6 months to be re-qualified.

Your appointment will require a \$25.00 fee to hold the appointment or be placed on the call list.

We accept the following forms of payment: ➤Cash
➤Money Order
➤Cashiers check

WE DO NOT ACCEPT PERSONAL CHECKS

You will lose your appointment fee if you: ➤do not show up for your appointment
➤cancel without a 48 hour notice
➤are late for your appointment

PLEASE SIGN BELOW:

I have provided the most up to date and true information. I authorize VINA Community Dental Center to verify all house hold income. I understand that this information will be kept confidential. I have read and understand all of the information about the care offered by VINA Community Dental Center. **NOTICE:** No patient is guaranteed services. Some services may be beyond VINA’s ability to give basic care. VINA Community Dental Center is a non-profit organization that relies upon volunteer efforts. Patients must at all times follow **ALL** rules, requirements, and treatment plans. University of Michigan Dental Students or local Dental Hygiene Students under the supervision of one of our local volunteer dentists (adjunct faculty members) may provide care. VINA reserves the right to dismiss **ANY** patient if it determines, in its sole discretion that dismissal is in the best interest of the patient or the VINA Community Dental Center.

Name of patient (please print): _____

Signature: _____ Date: _____