



University of Utah School of Dentistry  
**Oral Health Assistance Program**

Thank you for contacting the University of Utah School of Dentistry Oral Health Assistance Program office to discuss your account and inquire about financial assistance.

To be eligible to apply you must meet these requirements:

1. Established patient to the University of Utah School of Dentistry Student or Resident Clinics
2. Must be a Utah state resident
3. Not receiving commercial or Medicaid dental benefits

In order for us to proceed, please provide the following documents and send to the address at the bottom of this page or turn in to the financial counselor at the School of Dentistry.

- Completed treatment plan from your dental provider (student or resident)
- Completed application for oral health assistance (enclosed)
- Copy of current bank statements
- Copy of last year's tax return
- Copies of paycheck stubs and/or other income from the past two months and/or all household income (*household is defined as: yourself, your spouse if you're married, plus everyone you'll claim as a tax dependent, including those who don't need coverage*)
- If applicable, statement of denial of insurance coverage
- If applicable, statement of exceeding maximum allowable insurance coverage

You are not obliged to disclose any or all of these documents. However, without this information, the Oral Health Assistance Program office cannot determine if you are eligible for assistance.

The documents must be received within 30 days from your treatment plan date. If the documents are not received by that time we will resume collections activity. If you are not able to provide one or more of these documents, please include in your letter the circumstances preventing their inclusion.

Once the required documentation is submitted, a review will be completed to determine if you are eligible for full or partial financial aid. Within 30 days of the receipt of your application you will be notified of the outcome of the review. If you have any further questions, please contact the program office at (801) 587-6453.

**PLEASE REMIT ALL CORRESPONDENCE TO:**

University of Utah School of Dentistry  
Oral Health Assistance Program  
P.O. Box 581259  
Salt Lake City, Utah 84158-1259  
Email: [OHAP@hsc.utah.edu](mailto:OHAP@hsc.utah.edu)  
Phone: (801) 587-6453  
Fax: (801) 585-2261





**APPLICATION FOR ORAL HEALTH ASSISTANCE**

Patient Medical Record #:	Patient Name:
Responsible Party:	Dental Provider (Student or Resident):
Dental Clinic:	

**DEMOGRAPHICS**

Patient Name	Date of Birth	Social Security Number
Spouse Name	Date of Birth	Social Security Number
Address	City, State, Zip	Telephone Number
Email Address		

Total Dependents Living in Home	
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Name of Dependent	Date of Birth	Relationship





**EMPLOYMENT**

Employer:	Employer Phone:	Employer Address:	Hourly Wage/Salary:	Hours per Week:
Spouse Employer:	Spouse Employer Phone:	Spouse Employer Address:	Hourly Wage/Salary:	Hours per Week:
Other Employer:	Other Employer Phone:	Other Employer Address:	Hourly Wage/Salary:	Hours per Week:

**INCOME**

Monthly Gross Income:	Monthly Interests/Dividends:	Monthly Social Security Income 1:
Monthly Government Assistance:	Monthly Alimony/Child Support:	Monthly Social Security Income 2:
Monthly Pension:	Monthly Other Non-Wage:	Monthly Supplemental Security Income:

**UNEMPLOYMENT**

If you or your spouse are unemployed, please list on a separate sheet of paper the last date and place of employment. Also list what efforts you are making to gain employment, and attach to this form.

**BANK ACCOUNTS (Savings, checking, certificates, etc.)**

Bank and Branch	Account Number	Balance
		\$
		\$
		\$
		\$





Please explain your financial situation below. Include anything we should know in order to understand your situation and inability to pay your dental expenses with us. You may attach a separate sheet if you need more space.

**SIGNATURE OF APPLICANT(S)**

I hereby certify, and would be willing to state under oath, that the information contained on this form is true and complete to the best of my knowledge.

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Signature (Applicant)

Date

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Signature (Spouse)

Date

