

# Susquehanna River Valley Dental Health Clinic

Items needed for registration for  
Uninsured Patient Program:

- County Assistance Denial/ Benefit Letter if available
- 1040 Federal Income Tax as Proof of income
- Photo ID
- Other Proof of Information or proof of disability

335 Market Street ◦ Sunbury, PA 17801 ◦ P: (570)286-7500 ◦ F: (570) 286-1524

Last Name:		First Name:		M.I.	Date of Birth:		
Social Security Number:				Sex:	M	F	Other
Address:				Phone:			
City:		State:		Zip Code:			
County: Northumberland Union Snyder				Marital Status: Single Married Divorced Widowed			
Do you have any form of private dental insurance?		Y	N	Attach proof of disability and/ or denial letter for Medical Assistance, copy of photo ID, copy of tax documents			
Do you have employer-provided dental insurance?		Y	N				
Do you have Medicaid?		Y	N				
Do you have supplemental dental insurance?		Y	N				
Do you have a verifiable disability?		Y	N				

**\*\*\*Please list everyone living in your household\*\*\***

Name	Age	Relationship to you	Type of income received	Amount	How often is income received?

Total number of people in the household:

**\*Income types: Employment, Pension, Unemployment, Social Security, VA Benefits, Disability, Workman's Compensation, Alimony, Child Support, Interest, SSI.**

Previous Dentist:

Address: Office Phone:

Patient or Guardian Signature: