



Scituate Health and Dental Access Program 2022

The Scituate Health Alliance, in partnership with local healthcare providers and dental practices, is pleased to offer Primary Health Care and Dental Care to qualifying Scituate residents. Residents must meet low income guidelines and be uninsured or underinsured (have no **primary** medical or dental coverage).

Our programs are for primary medical and dental care only. This program does not cover labs, imaging, specialists, extensive dental work, etc. **This program is not health insurance. Our program does not qualify under the Patient Protection and Affordable Care Act.**

Benefits of this program:

- Participating primary health care practice will provide one annual preventative exam (PE) for a \$10 copay. The practice will also provide sick visits for the patient as necessary for a \$10 copay.
- Participating dental practices will provide an annual cleaning (for a \$10 copay) and exam (for a \$10 copay). They will also provide additional visits for things such as pain relief for a \$10 copay.
- **Any additional work that exceeds \$300 a year will be the expense of the patient. Be sure to agree to any additional charges before work is done.**
- Participating practices agree to see established patients who are ill within two business days. They will also provide 24-hour telephone coverage of their practices.

It is important to have a relationship with a primary care provider and dental office. Having annual exams helps identify changes or problems early. Your healthcare provider can then establish a plan of care to promote better health.

We ask that all vouchers are used by September 30, 2022

IMPORTANT NOTICE: We can only accept a limited number of patients for 2022 due to funding. Please register early.

The Health Access Program does not qualify, certify or credential primary care practices and is not responsible for the quality or reliability of the primary care services offered by these independent primary care practices.



2022 Scituate Health and Dental Access Program Registration Form

Name: _____ DOB: _____ Age: _____

Address: _____ Gender: Male Female Other: _____

_____ Email Address: _____

Telephone Number: _____ Application Renewal: Yes No

What is the best way to contact you? Phone Email

Family Size: _____ (including self and/or spouse) Number of Dependents _____

Is the applicant a dependent? Yes No

Please verify that the combined 2021 income for all members of the household was at or below the low-income level in the table below:

| | | | | | | | | |
|---------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| Family Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Income Level | \$40450 | \$46200 | \$52000 | \$57750 | \$62400 | \$67000 | \$71650 | \$76250 |

Total Household Income for 2021: _____

The applicant certifies that all information reported is true to the best of their knowledge.

Signature: _____ Date: _____

Healthcare Provider Chosen: _____

Dental Provider Chosen: _____

Please return this signed form to: Scituate Health Access Program
P.O. Box 88
North Scituate, RI 02857

Please call Town Nurse, Lorie Martin-Rapoza at 401-721-6102 with any questions.



Scituate Health and Dental Access Program Registration Instructions/ List of Participating Providers

1. Fill out a registration form for each member of your family.
2. Mail the forms to the address on the bottom of the registration form.
3. You will get a letter within 10 business days notifying you if you have been approved. If you are approved, your acceptance package will contain your vouchers for care. These must be presented at your **first visit** each year.
4. Make an appointment at one of the participating practices **within 60 days** of receiving your acceptance package.
5. Vouchers void after **September 30, 2022**.
6. Re-apply for the program each January for the following year.

| Participating Primary Health Care Providers | |
|--|--|
| WellOne- Scituate Neighborhood Health Station | 35 Village Plaza Way North Scituate, RI 02857 401-647-6262 |
| WellOne- Foster Office | 142 A Danielson Pike Foster, RI 02825 401-647-3702 |
| Mary Mumford Haley, RNP, CNM | 168 Betty Pond Rd #1 Hope, RI 02831 401-965-6897 |

| Participating Dental Providers | |
|---|--|
| WellOne- Scituate Neighborhood Health Station | 35 Village Plaza Way North Scituate, RI 02857 401-647-6262 |
| WellOne- Foster | 142 A Danielson Pike Foster, RI 02825 401-647-3702 |
| Dr. Raffi Merjik DMD | 26 Hartford Pike North Scituate, RI 02857 401-934-2666 |
| Dental Associates of RI | 1414 Atwood Ave Johnston, RI 02919 401-934-3389 |

Please call Town Nurse, Lorie Martin-Rapoza at 401-721-6102 with any questions.