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Logan County Department of Public Health

Private Pay Patient Questionnaire
FOR DENTAL SERVICES

Household proof of income will be required at your first appointment and may be required annually by presenting two most recent pay stubs or an income tax return.

1. How many people are in the household? _____
2. How many people in the household are employed? _____
3. Do other members of the household contribute to expenses in the home? _____
4. What is the annual income for the household? _____
5. Do you receive child support, or any other supplemental income? _____
If so how much? _____
6. Do you qualify for the LINK card? _____

By signing this form I am confirming that I have provided accurate proof of income.

Signature: _____ Date: _____