



*Medical & Dental*  
361 Grant Ave  
Junction City, KS  
Tel: 785.238.4711  
Fax: 785.238.4260

*Dental Only*  
2030 Tecumseh Rd  
Manhattan, KS  
Tel: 785.320.7134  
Fax: 785.320.7509

[www.konzaprairitechc.com](http://www.konzaprairitechc.com)

## **CHECK LIST FOR KONZA DENTAL CLINIC**

WE MUST HAVE ALL OF THE FOLLOWING TO MAKE YOUR INITIAL APPOINTMENT:

1. FILL OUT NEW PATIENT PACKET.
2. PLEASE BRING IN THE FOLLOWING ALONG WITH THE COMPLETED PATIENT PACKET:
  - a. PHOTO I.D.
  - b. PROOF OF ADDRESS, IF NOT ON YOUR PHOTO ID.
  - c. PROOF OF INSURANCE (INSURANCE CARD)
3. IF APPLYING FOR SLIDING FEE SCALE, **ALSO BRING:**
  - a. LAST 3 COPIES OF CURRENT PAYSTUBS FOR ALL WORKING MEMBERS IN YOUR HOUSEHOLD.
  - b. PROOF OF ANY INCOME RECEIVED. (EX, CHILD SUPPORT, TANF, SSI, SOCIAL SECURITY, ALIMONY) ETC.
4. IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL US AT THE NUMBER LISTED ABOVE. (Junction City Dental is 785 238-1829).