

**Sliding Fee Eligibility Discount Scale
for Medical & Behavioral Health Services
(for Uninsured & Self-Pay Patients)
& Initial Dental Appointment***



Maximum Annual Income Amounts for each Sliding Fee Percentage Category					
	Full Cost	Discount Level D	Discount Level C	Discount Level B	Discount Level A
Poverty Level*	Above 200%	176% - 200%	139% - 175%	101% - 138%	0% - 100%
Bundled Rate Charge	100% PAY	\$50	\$40	\$30	NOMINAL FEE (\$20)
Dental Initial Visit ONLY*	\$300	\$225	\$150	\$100	NOMINAL FEE (\$75)
Family Size	Annual Income Of or More Than	Annual Income Less Than	Annual Income Less Than	Annual Income Less Than	Annual Income Less Than
1	\$30,121 +	\$30,120	\$26,355	\$20,783	\$15,060
2	\$40,881 +	\$40,880	\$35,770	\$28,207	\$20,440
3	\$51,641 +	\$51,640	\$45,185	\$35,632	\$25,820
4	\$62,401 +	\$62,400	\$54,600	\$43,056	\$31,200
5	\$73,161 +	\$73,160	\$64,015	\$50,480	\$36,580
6	\$83,921 +	\$83,920	\$73,430	\$57,905	\$41,960
7	\$94,681 +	\$94,680	\$82,845	\$65,329	\$47,340
8	\$105,441 +	\$105,440	\$92,260	\$72,754	\$52,720
9	\$116,201 +	\$116,200	\$101,675	\$80,178	\$58,100
10	\$126,961 +	\$126,960	\$111,090	\$87,602	\$63,480
For each additional person, add:	\$10,760	\$10,760	\$9,415	\$7,424	\$5,380

*Initial Dental Visit Bundled Rate Charge Includes: Any Exam, Panoramic, 4 BWX, & Several Treatment Services Bundled. Subsequent dental services will vary, therefore patients will be provided a Good Faith Estimate in advance.