

**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*	\$360	\$275	\$200	\$100	NOMINAL FEE (\$80)
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	\$31,921 +	\$31,920	\$27,930	\$22,025	\$15,960
2	\$43,281 +	\$43,280	\$37,870	\$29,863	\$21,640
3	\$54,641 +	\$54,640	\$47,810	\$37,702	\$27,320
4	\$66,001 +	\$66,000	\$57,750	\$45,540	\$33,000
5	\$77,361 +	\$77,360	\$67,690	\$53,378	\$38,680
6	\$88,721 +	\$88,720	\$77,630	\$61,217	\$44,360
7	\$100,081 +	\$100,080	\$87,570	\$69,055	\$50,040
8	\$111,441 +	\$111,440	\$97,510	\$76,894	\$55,720
9	\$122,801 +	\$122,800	\$107,450	\$84,732	\$61,400
10	\$134,161 +	\$134,160	\$117,390	\$92,570	\$67,080
For each additional person, add:	\$11,297	\$11,360	\$9,940	\$7,839	\$5,680

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