

**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 <b>D</b>	Discount Level <b>C</b>	Discount Level <b>B</b>	Discount Level <b>A</b>
<b>Poverty Level*</b>	Above 200%	176% - 200%	139% - 175%	101% - 138%	0% - 100%
<b>Bundled Rate Charge</b>	<b>100% PAY</b>	<b>\$50</b>	<b>\$40</b>	<b>\$30</b>	<b>NOMINAL FEE (\$20)</b>
<b>Dental Initial Visit ONLY*</b>	<b>\$300</b>	<b>\$225</b>	<b>\$150</b>	<b>\$100</b>	<b>NOMINAL FEE (\$75)</b>
<b>Family Size</b>	Annual Income Of or More Than	Annual Income Less Than	Annual Income Less Than	Annual Income Less Than	Annual Income Less Than
1	\$31,301 +	\$31,300	\$27,388	\$21,597	\$15,650
2	\$42,301 +	\$42,300	\$37,013	\$29,187	\$21,150
3	\$53,301 +	\$53,300	\$46,638	\$36,777	\$26,650
4	\$64,301 +	\$64,300	\$56,263	\$44,367	\$32,150
5	\$75,301 +	\$75,300	\$65,888	\$51,957	\$37,650
6	\$86,301 +	\$86,300	\$75,513	\$59,547	\$43,150
7	\$97,301 +	\$97,300	\$85,138	\$67,137	\$48,650
8	\$108,301 +	\$108,300	\$94,763	\$74,727	\$54,150
9	\$119,301 +	\$119,300	\$104,388	\$82,317	\$59,650
10	\$130,301 +	\$130,300	\$114,013	\$89,907	\$65,150
For each additional person, add:	\$11,000	\$11,000	\$9,625	\$7,590	\$5,500

\*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.