



2015 Dental Sliding Fee Program – Schedule of Discounts

FAMILY SIZE	B	C	D	E	Self Pay
1	0 to 11770	11771 to 15654	15655 to 19538	19539 to 23540	23541
2	0 to 15930	15931 to 20710	20711 to 26443	26444 to 31860	31861
3	0 to 20090	20091 to 26720	26721 to 33349	33350 to 40180	40181
4	0 to 24250	24251 to 31525	31526 to 40255	40256 to 48500	48501
5	0 to 28410	25411 to 36933	36934 to 47160	47161 to 56820	56821
6	0 to 32570	32571 to 43318	43319 to 54066	54067 to 65140	65141
7	0 to 36730	36731 to 48851	48852 to 60971	60972 to 73460	73461
8	0 to 40890	40891 to 54384	54385 to 67877	67878 to 81780	81780
9	0 to 45050	45051 to 59916	59917 to 74783	74784 to 90100	90101
10	0 to 49210	49211 to 65445	65446 to 81688	81689 to 98420	98421
\$10 Nominal Fee*		45% Discount	35% Discount	25% Discount	SELF PAY
Exams, cleaning, x-rays, fluoride, sealants, filling, perio, endo and extraction. *Crowns, Bridges and Dentures require additional lab fees.		Exams, cleaning, x-rays, fluoride, sealants, filling, perio, endo, and extraction, crowns, bridges, and dentures	Exams, cleaning, x-rays, fluoride, sealants, filling, perio, endo, extraction, crowns, bridges, and dentures	Exams, cleaning, x-rays, fluoride, sealants, filling, perio, endo, extraction, crowns, bridges, and dentures	20% Discount if paid in full on date of visit.

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1. All patients, regardless of income, are subject to a nominal fee.
2. There will be no denial of medical care due to an inability to pay.
3. For family units with more than 10 members, add \$4160 for each additional member.
4. Eligibility for the Sliding Fee program will be effective for no more than the following 12 months.

To qualify for the Sliding Fee Scale Discount Program, a sliding fee application must be completed; proof of income and a photo ID are required.