

2021 Dental Sliding Fee Program - Schedule of Discounts

Family	Annual Household Income					
Size	100% FPG	101% to 133% FPG	134% to 166% FPG	167% to 200% FPG	Above 200% FPG	
1	\$0 to 12,880	\$12,881 to 17,130	\$17,131 to 21,381	\$21,382 to 25,760	\$25,761	
2	0 to 17,420	17,241 to 23,169	23,170 to 28,917	28,918 to 34,840	34,841	
3	0 to 21,960	21,961 to 29,207	29,208 to 36,454	36,455 to 43,920	43,921	
4	0 to 26,500	26,501 to 35,245	35,246 to 43,990	43,991 to 53,000	53,001	
5	0 to 31,040	31,041 to 41,283	41,284 to 51,526	51,527 to 62,080	62,081	
6	0 to 35,580	35,581 to 47,321	47,322 to 59,063	59,064 to 71,160	71,161	
7	0 to 40,120	40,121 to 53,360	53,361 to 66,599	66,600 to 80,240	80,241	
8	0 to 44,660	44,661 to 59,398	59,399 to 74,136	74,137 to 89,320	89,321	
9	0 to 49,200	49,201 to 65,436	65,437 to 81,672	81,673 to 98,400	98,401	
10	0 to 53,740	53,741 to 71,474	71,475 to 89,208	89,209 to 107,480	107,481	
	Α	В	С	D	E	
Payment					100% Pay	
					No Discount	

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- 1. All patients, regardless of income, are subject to the nominal fee.

- Denial of services is not based solely on inability to pay.
 Family units with more than 10 members, add \$4,540 for each additional member.
 Eligibility for the Sliding Fee Program will be effective for no more than the following 12 months.

To qualify for the Sliding Fee Program, a Sliding Fee Application must be completed with proof of income and a photo ID.

PREVENTATIVE DENTAL SERVICES — FLAT FEE FOR ALL DENTAL SLIDES

PREVENTATIVE DENTAL SERVICES SLIDING FEE DICOUNT PROGRAM

	SFS A	SFS B	SFS C	SFS D	SFS E
Nominal Fee	\$35	\$45	\$55	\$65	No SFS Discount

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- Dental exams (Comprehensive, Limited, Periodic, etc.)
- Prophy (cleaning) & Flouride
- **Dental Sealants**
- X-rays
- **Oral Hygiene Instruction**

ADDITIONAL DENTAL SERVICES & INCLUDED CODES - NON-LABORATORY — FLAT FEE FOR ALL DENTAL SLIDES

ADDITIONAL DENTAL SERVICES - NON LABORATORY SLIDING FEE DISCOUNT PROGRAM

	SFS A	SFS B	SFS C	SFS D	SFS E
Nominal Fee	\$50	\$65	\$80	\$95	No SFS Discount

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- Extractions
- Direct Fill Services
- Pulpotomy's/Pulpectomy's/Pulpal Debridement
- Preformed Stainless Steel Crowns

ADDITIONAL DENTAL SERVICES - INCLUDING OUTSIDE LABORATORY

All other dental services & ADA dental codes not listed above

Note 100% payment of all lab services is required prior to services being rendered.

ADDITIONAL DENTAL SERVICES - INCLUDING OUTSIDIE LABORATORY SLIDING FEE DISCOUNT PROGRAM

	SFS A Nominal Fee	SFS B	SFS C	SFS D	SFS E
Endo (all endo)	\$175	55% Discount	45% Discount	35% Discount	No SFS Discount
Crowns & Bridges (per tooth)	\$375	55% Discount	45% Discount	35% Discount	No SFS Discount
Dentures & Partials	\$475	55% Discount	45% Discount	35% Discount	No SFS Discount
Relines	\$125	55% Discount	45% Discount	35% Discount	No SFS Discount
Flipper Acrylic	\$150	55% Discount	45% Discount	35% Discount	No SFS Discount
Flipper Valplast	\$200	55% Discount	45% Discount	35% Discount	No SFS Discount
Perio Scaling (per quad)	\$50	55% Discount	45% Discount	35% Discount	No SFS Discount
Perio Scaling (1-3 teeth)	\$35	55% Discount	45% Discount	35% Discount	No SFS Discount
All other outside labs	\$115	\$120	\$125	\$130	No SFS Discount

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Patients that are 200% and over FPL, a 30% Prompt pay discount for services if paid in full on date of visit.