

2024 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 15,060	\$15,061 to 20,030	\$20,031 to 25,000	\$25,001 to 30,120	\$30,121	
2	0 to 20,440	20,441 to 27,185	27,186 to 33,930	33,931 to 40,880	40,881	
3	0 to 25,820	25,821 to 34,341	34,342 to 42,861	42,862 to 51,640	51,641	
4	0 to 31,200	31,201 to 41,496	41,497 to 51,792	51,793 to 62,400	62,401	
5	0 to 36,580	36,581 to 48,651	48,652 to 60,723	60,724 to 73,160	73,161	
6	0 to 41,960	41,961 to 55,807	55,808 to 69,654	69,655 to 83,920	83,921	
7	0 to 47,340	47,341 to 62,962	62,963 to 78,584	78,585 to 94,680	94,681	
8	0 to 52,720	52,721 to 70,118	70,119 to 87,515	87,516 to 105,440	105,441	
9	0 to 58,100	58,101 to 77,273	77,274 to 96,446	96,447 to 116,200	116,201	
10	0 to 63,480	63,481 to 84,428	84,429 to 105,377	105,378 to 126,960	126,961	
	Α	В	С	D	E	
Payment					100% Pay	
					No Discount	

Effective 03-01-2024 - Based Upon the Federal Register Vol.89, No. 11 Wednesday, January 19, 2024

- 1. All patients, regardless of income, are subject to the nominal charge.
- 2. Denial of services is not based solely on inability to pay.
- 3. Family units with more than 10 members, add \$5,380 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 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 Charge	\$35	\$45	\$55	\$65	No SFS
	Per Appt	Per Appt	Per Appt	Per Appt	Discount

- Dental exams (Comprehensive, Limited, Periodic, etc.)
- Prophy (cleaning) & Fluoride
- 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 Charge	\$40	\$50	\$60	\$70	No SFS
	Per Procedure	Per Procedure	Per Procedure	Per Procedure	Discount

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

ADDITIONAL DENTAL SERVICES - INCLUDING OUTSIDE LABORATORY - SAMPLE OF FEES BELOW

For addition information on fees not listed below, please see a member of our dental team.

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

ADDITIONAL DENTAL SERVICES - INCLUDING OUTSIDE LABORATORY SLIDING FEE DISCOUNT PROGRAM

	SFS A Nominal Charge	SFS B	SFS C	SFS D	SFS E
Endo	\$225	\$275	\$325	\$375	No SFS
	Anterior	Anterior	Anterior	Anterior	Discount
Crowns & Bridges	\$425	\$500	\$575	\$650	No SFS
(per tooth)	PFM Crown	PFM Crown	PFM Crown	PFM Crown	Discount
Dentures &	\$650	\$750	\$850	\$950	No SFS
Partials (per denture)	Immediate Denture	Immediate Denture	Immediate Denture	Immediate Denture	Discount
Relines	\$175	\$200	\$225	\$250	No SFS
	Per Denture	Per Denture	Per Denture	Per Denture	Discount
Flipper Acrylic	\$250	\$275	\$300	\$325	No SFS
	Per Denture	Per Denture	Per Denture	Per Denture	Discount
Flipper Valplast	\$250	\$275	\$300	\$325	No SFS
	Per Denture	Per Denture	Per Denture	Per Denture	Discount
Perio Scaling	\$50	\$72	\$88	\$104	No SFS
(per quad)	Per Quad	Per Quad	Per Quad	Per Quad	Discount
Perio Scaling	\$35	\$45	\$55	\$65	No SFS
(1-3 teeth)	Per 1-3 Teeth	Per 1-3 Teeth	Per 1-3 Teeth	Per 1-3 Teeth	Discount
Other outside	\$100	\$105	\$110	\$115	No SFS
labs (repairs,	Per Tooth/Repair	Per Tooth/Repair	Per Tooth/Repair	Per Tooth/Repair	Discount
additions, etc.)					
Affiliated Hygiene	\$ 0	\$0	\$0	\$0	\$0

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