

DISCOUNT FEE PROGRAM
PERCENTAGE OF MAXIMUM CHARGES
BASED ON FAMILY INCOME AND SIZE

CATEGORY	Full Discount or Nominal Fee	LEVEL B 101%-125% FPL	LEVEL C 126%-150% FPL	D=151-175% 151%-175% FPL	E=176-200% 176%-200% FPL	
MEDICAL VISIT	Nominal Fee - \$25	\$40	\$50	\$55	\$60	
BEHAVIORAL HEALTH	Nominal Fee - \$10	\$15	\$20	\$25	\$30	
OBMAT	\$30 Weekly Fee	\$35 Weekly Fee for Therapist/Drug Screenings/Counselor Visits				
DENTAL NEW PT	Nominal Fee - \$30	\$32	\$42	\$53	\$64	
DENTAL EST PT	Nominal Fee - \$25	\$30	\$40	\$50	\$60	
CLEANING	Nominal Fee - \$15	\$17	\$22	\$28	\$33	
<i>DENTAL STAFF WILL ESTIMATE COST OF TREATMENT PLAN FOR ADDITIONAL SERVICES</i>						
FAMILY SIZE	1	\$0 - \$14,580	\$14,581 - \$18,225	\$18,226 - \$21,870	\$21,871 - \$25,515	\$25,516 - \$29,160
	2	\$0 - \$19,720	\$19,721 - \$24,650	\$24,651 - \$29,580	\$29,581 - \$34,510	\$34,511 - \$39,440
	3	\$0 - \$24,860	\$24,861 - \$31,075	\$31,076 - \$37,290	\$37,291 - \$43,505	\$43,506 - \$49,720
	4	\$0 - \$30,000	\$30,001 - \$37,500	\$37,501 - \$45,000	\$45,001 - \$52,500	\$52,501 - \$60,000
	5	\$0 - \$35,140	\$35,141 - \$43,925	\$43,926 - \$52,710	\$52,711 - \$61,495	\$61,496 - \$70,280
	6	\$0 - \$40,280	\$40,281 - \$50,350	\$50,351 - \$60,420	\$60,421 - \$70,490	\$70,491 - \$80,560
	7	\$0 - \$45,420	\$45,421 - \$56,775	\$56,776 - \$68,130	\$68,131 - \$79,485	\$79,486 - \$90,840
	8	\$0 - \$50,560	\$50,561 - \$63,200	\$63,201 - \$75,840	\$75,841 - \$88,480	\$88,481 - \$101,120
	For more than 8	add per member \$5,140	add per member \$6,425	add per member \$7,710	add per member \$8,995	add per member \$10,280

Based on annual update of Federal Poverty Income Guidelines. Effective February 1, 2023

FLAT RATE DOES NOT INCLUDE INJECTION MEDS OR SUPPLIES.

NOTES:

- *If you are eligible for Medicaid, Healthy Families/Healthy Kids, or CHIP, but do not participate in the program, the Customer Resource Coordinator will assist you with enrollment in the appropriate benefit program.
- *If your insurance prohibits discount fees, the scale may not be used during your visit.

Definitions:

Family Size: All persons related by birth, marriage, or adoption who live together in the same housing unit (house, apartment, etc.) and are claimed as a dependent under IRS Rules and Regulations

Income: Taxable earned income, interest and dividend, retirement and social security income, unemployment benefits, alimony and child support.



Sliding Fee Discount Program Eligibility

Income Verification

Income shall be defined as, but not limited to, taxable earned income, interest and dividend, retirement income, social security income, unemployment benefits, alimony, and child support. Proof of Income must be current information and include, but not be limited to, any of the following:

- Most recent income tax return or W-2
- Last 30 days of pay stubs
- Most recent unemployment check
- Proof of other household income (social security, pension, etc.)
- Bank statements showing direct deposits

Household Verification

Family shall be defined as all persons related by birth, marriage or adoption that live together in the same housing unit and are claimed as a dependent under IRS Rules and Regulations.

Assessment Documentation

Patients must have documentation to be assessed. Patients refusing to be assessed or to provide income documentation will be deemed ineligible for the Sliding Fee Discount Program. Patients wishing to be assessed will be charged the Slide Level A fee at the time of service, and billed the remainder of the charge upon outcome of the assessment.

Patients With Insurance

Patients with insurance may be assessed and qualify for the Sliding Fee Discount Program. Insured patients shall follow the same verification process as uninsured patients, and may be entitled to discounts on slide eligible services equal to those they would receive if uninsured.