

**SLIDING FEE DISCOUNT PROGRAM SUMMARY**

**EFFECTIVE JANUARY 2023**

Patients must complete a "Statement of Income" to verify if they are eligible for a sliding fee discount and submit supporting documents to determine eligibility for participation in the program. Eligibility is re-certified every year. Participating members receive discounts on services, as summarized below:

**ELIGIBILITY DETERMINATION FOR MEDICAL AND DENTAL SERVICES**

<i>% of Federal Poverty Limit (FPG) 2023</i>	100% and Under		100.01-138%		138.01-150%		150.01-200%		200.01-300%*	
	<i>From</i>	<i>To</i>	<i>From</i>	<i>To</i>	<i>From</i>	<i>To</i>	<i>From</i>	<i>To</i>	<i>From</i>	<i>To</i>
<b>1</b>	\$0	\$14,580	\$14,581	\$20,120	\$20,121	\$21,870	\$21,871	\$29,160	\$29,161	\$43,740
<b>2</b>	\$0	\$19,720	\$19,721	\$27,214	\$27,215	\$29,580	\$29,581	\$39,440	\$39,441	\$59,160
<b>3</b>	\$0	\$24,860	\$24,861	\$34,307	\$34,308	\$37,290	\$37,291	\$49,720	\$49,721	\$74,580
<b>4</b>	\$0	\$30,000	\$30,001	\$41,400	\$41,401	\$45,000	\$45,001	\$60,000	\$60,001	\$90,000
<b>5</b>	\$0	\$35,140	\$35,141	\$48,493	\$48,494	\$52,710	\$52,711	\$70,280	\$70,281	\$105,420
<b>6</b>	\$0	\$40,280	\$40,281	\$55,586	\$55,587	\$60,420	\$60,421	\$80,560	\$80,561	\$120,840
<b>7</b>	\$0	\$45,420	\$45,421	\$62,680	\$62,681	\$68,130	\$68,131	\$90,840	\$90,841	\$136,260
<b>8</b>	\$0	\$50,560	\$50,561	\$69,773	\$69,774	\$75,840	\$75,841	\$101,120	\$101,121	\$151,680
<i>For each additional person</i>		<i>add</i> <b>\$5,140</b>		<i>add</i> <b>\$7,093</b>		<i>add</i> <b>\$7,710</b>		<i>add</i> <b>\$10,280</b>		<i>add</i> <b>\$15,420</b>

**\*The federal 330 Health Center Grant limits sliding fee discounts eligibility to individuals and families with annual incomes at or below 200% FPG. The 200.01-300% bracket is established for other grants or programs which permits sliding fee discounts at or below 300% of the current FPG.**

## SLIDING FEE DISCOUNT PROGRAM SUMMARY

### MEDICAL - NOMINAL FEES

<i>% of Federal Poverty Guidelines (FPG)</i>	100% and Under	100.01-138%	138.01-150%	150.01-200%
<i>Nominal Fee (per visit)</i>	\$0	\$1	\$10	\$15

### DENTAL Level I, II and III - NOMINAL FEES PER VISIT

<i>% of Federal Poverty Guidelines (FPG)</i>	100% and Under	100.01-138%	138.01-150%	150.01-200%
<i>Level I and II (Nominal Fee - per Visit)</i>	\$25	\$50	\$60	\$70
Level III (Nominal Fee – per Visit)	\$40	\$80	\$90	\$100

**Level I Services:** Acute Emergency Dental Services – include all necessary treatment for the management of any dental emergencies, as determined by the dentist. Covered services: Emergency treatment to alleviate pain due to caries, infection, or trauma.

**Level II Services:** Preventive and Diagnostic Dental services – intend to prevent the onset of dental disease and include all required X-rays, oral examination, including cancer screening, cleaning, and fluoride application, oral health education, sealant, and CAMBRA care.

**Level III Services:** Basic Restorative Treatment- including regular fillings, basic endodontic, nonsurgical periodontal therapy, oral surgery including extractions, and minor surgeries.

**\*\*Note:** Levels III and IV are services not categorized as either acute or prevention diagnosis.

### DENTAL Level IV - MAXIMUM CHARGES DUE PER PROCEDURE/NOT PER VISIT)

<i>% of Federal Poverty Guidelines (FPG)</i>	100% and Under	101-138%	138.01-150%	150.01-200%
Level IV (Maximum Charge – per Procedure)	\$200	\$300	\$400	\$500

**Level IV Services:** Any treatment that requires outside lab work – including crowns, dentures, partial dentures, interim partial dentures, mouth guards, etc. Services are procedures that may require multiple appointments and is not a per visit Nominal Fee.

**Note:** Payment and installment plans are available if needed.