



## 2011 Dental Sliding Fee Program

FAMILY SIZE	B		C		D		E		Self Pay
1	0	10890	10891	14484	14485	18077	18078	21780	21781
2	0	14710	14711	19564	19565	24419	24420	29420	29421
3	0	18530	18531	24645	24646	30760	30761	37060	37061
4	0	22350	22351	29726	29727	37101	37102	44700	44701
5	0	26170	26171	34806	34807	43442	43443	52340	52341
6	0	29990	29991	39887	39888	49783	49784	59980	59981
7	0	33810	33811	44967	44968	56125	56126	67620	67621
8	0	37630	37631	50048	50049	62466	62467	75260	75261
9	0	41450	41451	55129	55130	68807	68808	82900	82901
10	0	45270	45271	60209	60210	75148	75149	90540	90541
<b>50% Discount</b>		<b>50% Discount</b>		<b>25% Discount</b>		<b>25% Discount</b>		<b>SELF PAY</b>	
Exams, cleaning, xrays, fluoride, sealants, filling, perio, endo, extraction, crowns, bridges, and dentures		Exams, cleaning, xrays, fluoride, sealants, filling, perio, endo, and extraction		Exams, cleaning, xrays, fluoride, sealants, filling, perio, endo, extraction, crowns, bridges, and dentures		Exams, cleaning, xrays, fluoride, sealants, filling, perio, endo, and extraction		20% Discount if paid in full on date of visit.	
		<b>25% Discount</b>				<b>NO DISCOUNT</b>			
		Crowns, bridges, and dentures				Crowns, bridges, and dentures			
<b>**ANY COSMETIC PROCEDURES (ie, Bleaching, porcelain caps....) ARE NOT ELIGIBLE FOR DISCOUNTS**</b>									

Effective 04/01/2011 - Based Upon the Federal Poverty Guidelines published in the *Federal Register* on January 20, 2011.

1. All patients, regardless of income, are subject to a \$25.00 minimal 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 \$3820 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, proof of residency, and a photo ID are required.