

Schedule: Health Center Program

**Dental Services**

FAMILY***	P-0* 100% or LESS	P-1** 101% to 150%	P-2** 151% to 175%	P-3** 176% to 200%	P-4** Over 200%
SIZE	Nominal Fee (\$30)	Pay 25%	Pay 50%	Pay 75%	Pay 100%
1	0 – 12,760	12,761 – 19,140	19,141 – 22,330	22,331 – 25,520	25,521 +
2	0 – 17,240	17,241 – 25,860	25,861 - 30,170	30,171 – 34,480	34,481 +
3	0 – 21,720	21,721 – 32,580	32,581 – 38,010	38,011 – 43,440	43,441 +
4	0 – 26,200	26,201 – 39,300	39,301 – 45,850	45,851 – 52,400	52,401 +
5	0 – 30,680	30,681 – 46,020	46,021 - 53,690	53,691 – 61,360	61,361 +
6	0 – 35,160	35,161 – 52,740	52,741 – 61,530	61,531 – 70,320	70,321 +
7	0 – 39,640	39,641 – 59,460	59,461 – 69,370	69,371 – 79,280	79,281 +
8	0 – 44,120	44,121 – 66,180	66,181 – 77,210	77,211 – 88,240	88,241 +

Add **\$4,480** for each person over family size of 8

**\*\* Fees cannot be below \$30.00**

Slide P-0 – 100% or less of Federal Poverty Guidelines = patient only pays \$30.00 for entire visit

Slide P-1 – 101% to 150% of Federal Poverty Guidelines = patient pays 25% of charges for entire visit

Slide P-2 – 151% - 175% of Federal Poverty Guidelines = patient pays 50% of charges for entire visit

Slide P-3 – 176% - 200% of Federal Poverty Guidelines = patient pays 75% of charges for entire visit

Slide P-4 – over 200% of Federal Poverty Guidelines = patient pays 100% of charges for entire visit