

2024 DENTAL SLIDING FEE SCHEDULE

Based on 2024 Federal Poverty Guidelines						
Discount	100%	80%	70%	60%	50%	No Discount
Nominal Fee- Preventative &						
Restorative	\$45	\$50	\$55	\$60	\$65	\$100
Poverty Level	A	В	С	D	E	F
1	0- \$15,060	\$15,061 - \$18,825	\$18,826 - \$22,590	\$22,591 - \$26,355	\$26,356 - \$30,119	\$30,120
2	0- \$20,440	\$20,441 - \$25,550	\$25,551 - \$30,660	\$30,661 - \$35,770	\$35,771 - \$40,879	\$40,880
3	0- \$25,820	\$25,821 - \$32,275	\$32,276 - \$38,730	\$38,731 - \$45,185	\$45,186 - \$51,639	\$51,640
4	0- \$31,200	\$31,201 - \$39,000	\$39,001 - \$46,800	\$46,801 - \$54,600	\$54,601 - \$62,399	\$62,400
5	0- \$36,580	\$36,581 - \$45,725	\$45,726 - \$54,870	\$54,871 - \$64,015	\$64,016 - \$73,159	\$73,160
6	0- \$41,960	\$41,961 - \$52,450	\$52,451 - \$62,940	\$62,941 - \$73,430	\$73,431 - \$83,919	\$83,920
7	0- \$47,340	\$47,341 - \$59,175	\$59,176 - \$71,010	\$71,011 - \$82,845	\$82,846 - \$94,679	\$94,680
8	0- \$52,720	\$52,721 - \$65,900	\$65,901 - \$79,080	\$79,081 - \$92,260	\$92,261 - \$105,439	\$105,440
Each additional person, add	\$5,380.00	\$6,725.00	\$8,070.00	\$9,415.00	\$10,760.00	\$10,760.00

Nominal/Minimum fee only covers your office visit for basic Preventative and Restorative Care.

Crowns, dentures, bone grafts, etc. are not covered under the nominal/minimum fee and will incur additional cost

Any balance due after office visit will be billed.

Sliding fee schedule is offered depending upon family size and income.

This practice serves all patients regardless of inablility to pay.

Approved by Board of Directors:02/15/2024