



**Our sliding fee scale is available to all patients who qualify based on their income levels even if they have insurance. Fees, co-pays, co-insurance, and deductibles are eligible for a sliding fee discount. Please inquire at check-in if you would like to apply for our sliding fee scale.**

**2024 Sliding Fee Scale - Dental**

	≤100% FPG	101%-133% FPG	134% - 166% FPG	167% - 200% FPG	> 200% FPG
Family Size	\$40, \$60, or \$85 Nominal Fee	Level I 40%	Level II 60%	Level III 80%	No Discount
1	\$0 - \$ 15,060.00	\$15,060.01 - \$ 20,029.80	\$20,029.81 - \$ 24,999.60	\$24,999.61 - \$ 30,120.00	\$ 30,120.01 - ↑
2	\$0 - \$ 20,440.00	\$20,440.01 - \$ 27,185.20	\$27,185.21 - \$ 33,930.40	\$33,930.41 - \$ 40,880.00	\$ 40,880.01 - ↑
3	\$0 - \$ 25,820.00	\$25,820.01 - \$ 34,340.60	\$34,340.61 - \$ 42,861.20	\$42,861.21 - \$ 51,640.00	\$ 51,640.01 - ↑
4	\$0 - \$ 31,200.00	\$31,200.01 - \$ 41,496.00	\$41,496.01 - \$ 51,792.00	\$51,792.01 - \$ 62,400.00	\$ 62,400.01 - ↑
5	\$0 - \$ 36,580.00	\$36,580.01 - \$ 48,651.40	\$48,651.41 - \$ 60,722.80	\$60,722.81 - \$ 73,160.00	\$ 73,160.01 - ↑
6	\$0 - \$ 41,960.00	\$41,960.01 - \$ 55,806.80	\$55,806.81 - \$ 69,653.60	\$69,653.61 - \$ 83,920.00	\$ 83,920.01 - ↑
7	\$0 - \$ 47,340.00	\$47,340.01 - \$ 62,962.20	\$62,962.21 - \$ 78,584.40	\$78,584.41 - \$ 94,680.00	\$ 94,680.01 - ↑
8	\$0 - \$ 52,720.00	\$52,720.01 - \$ 70,117.60	\$70,117.61 - \$ 87,515.20	\$87,515.21 - \$ 105,440.00	\$105,440.01 - ↑

Note: For family units with more than 8 members, add \$5,380 for each additional member.