

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.

	≤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 - \$15,650.00	\$15,650.01 - \$20,814.50	\$20,814.51 - \$25,979.00	\$25,979.01 - \$ 31,300.00	\$ 31,300.01 - 🛧
2	\$0 - \$21,150.00	\$21,150.01 - \$28,129.50	\$28,129.51 - \$35,109.00	\$35,109.01 - \$ 42,300.00	\$ 42,300.01 - 🛧
3	\$0 - \$26,650.00	\$26,650.01 - \$35,444.50	\$35,444.51 - \$44,239.00	\$44,239.01 - \$ 53,300.00	\$ 53,300.01 - 🕇
4	\$0 - \$32,150.00	\$32,150.01 - \$42,759.50	\$42,759.51 - \$53,369.00	\$53,369.01 - \$ 64,300.00	\$ 64,300.01 - 🛧
5	\$0 - \$37,650.00	\$37,650.01 - \$50,074.50	\$50,074.51 - \$62,499.00	\$62,499.01 - \$ 75,300.00	\$ 75,300.01 - 🕇
6	\$0 - \$43,150.00	\$43,150.01 - \$57,389.50	\$57,389.51 - \$71,629.00	\$71,629.01 - \$ 86,300.00	\$ 86,300.01 - 🛧
7	\$0 - \$48,650.00	\$48,650.01 - \$64,704.50	\$64,704.51 - \$80,759.00	\$80,759.01 - \$ 97,300.00	\$ 97,300.01 - 🔶
8	\$0 - \$54,150.00	\$54,150.01 - \$72,019.50	\$72,019.51 - \$89,889.00	\$89,889.01 - \$108,300.00	\$108,300.01 - 🛧

2025 Sliding Fee Scale - Dental

Note: For family units with more than 8 members, add \$5,500 for each additional member.