


EFFECTIVE 04/01/2021

2021-2022 Sliding Fee Scale for Clinic Services										
	SFS Plan A		SFS Plan B		SFS Plan C		SFS Plan D		Not Eligible	
	0-100% FPG		101-133% FPG		134-166% FPG		167-200% FPG		Over 200% FPG	
	Income		Income		Income		Income		Income	
Family Size	From	To	From	To	From	To	From	To	From	To
1	\$0	\$12,880	12,881	\$17,130	17,131	\$21,381	21,382	\$25,760	25,761	OVER
2	\$0	\$17,420	17,421	\$23,169	23,170	\$28,917	28,918	\$34,840	34,841	OVER
3	\$0	\$21,960	21,961	\$29,207	29,208	\$36,454	36,455	\$43,920	43,921	OVER
4	\$0	\$26,500	26,501	\$35,245	35,246	\$43,990	43,991	\$53,000	53,001	OVER
5	\$0	\$31,040	31,041	\$41,283	41,284	\$51,526	51,527	\$62,080	62,081	OVER
6	\$0	\$35,580	35,581	\$47,321	47,322	\$59,063	59,064	\$71,160	71,161	OVER
7	\$0	\$40,120	40,121	\$53,360	53,361	\$66,599	66,600	\$80,240	80,241	OVER
8	\$0	\$44,600	44,601	\$59,318	59,319	\$74,036	74,037	\$89,200	89,201	OVER

\*For families/households with more than 8 persons, add \$4,540 for each additional person.

DBFPC Sliding Fee Discount Program					
Medical Services					
Annual Preventive Wellness Exams General Primary Care, Diagnostic X-Rays, Common Diagnostic Labs and Screenings	\$20 per visit	\$30 per visit	\$40 per visit	\$50 per visit	Patient Pays Full Charges
Behavioral Health Services					
Counseling Services	\$10 per visit	\$15 per visit	\$20 per visit	\$25 per visit	Patient Pays Full Charges
Dental Services					
Preventive servcies only (including preventive x-rays and recare)	\$20 per visit	\$30 per visit	\$40 per visit	\$50 per visit	Patient Pays Full Charges
Diagnostic Exams and Diagnostic X-Rays, Extractions, Fillings, Debridement	\$40 per visit	\$50 per visit	\$60 per visit	\$70 per visit	
Other Specialty Services: Relines, Flippers, Root canals, Surgical Extractions, All Denture Repair, Fillings with pins & pulp caps, SRP, Bone Graft, Alveoloplasty	\$40 per visit \$50 Lab fee (if applicable)	\$60 per visit \$75 Lab fee (if applicable)	\$80 per visit \$100 Lab fee (if applicable)	\$100 per visit \$125 Lab fee (if applicable)	Patient Pays Full Charges
Equipment Based Dental Services					
Dentures, Partials, Crowns, Bridges and Implants	40% Discount	35% Discount	30% Discount	25% Discount	Patient Pays Full Charge


Patients billed for outside reference diagnostic services, including pathology, laboratory and radiology tests should bring their bill to the CFO within 60-days of the date of service. The CFO will verify eligibility and make immediate payment to the appropriate service provider.



Lisa Walraven, CEO

01.27.2021

Date



Randel Mansell, Board President

1-27-2021

Date