EFFECTIVE 04/01/2022

			2022-202	3 Sliding Fee	Scale for Cli	hic Services				
	SFS Plan A 0-100% FPG Income		SFS Plan B		SFS Plan C		SFS Plan D		Not El	igible
			101-13	3% FPG	134-166	5% FPG	167-200% FPG		Over 200% FPG	
			Income		Income		Income		Income	
Family Size	From	То	From	То	From	То	From	То	From	
1	\$0	\$13,590	13,591	\$18,075	18,076	\$22,559	22,560	\$27,180	27,181	OVER
2	\$0	\$18,310	18,311	\$24,352	24,353	\$30,395	30,396	\$36,620	36,621	OVER
3	\$0 \$0	\$23,030 \$27,750	23,031	\$30,630	30,631	\$38,230	38,231	\$46,060 \$55,500	46,061	OVER
4 5	\$0 \$0	\$27,750 \$32,470	27,751	\$36,908 \$43,185	36,909	\$46,065 \$53,900	46,066	\$55,500	55,501	OVER
6	\$0 \$0	\$32,470	32,471 37,191	\$43,185 \$49,463	43,186 49,464	\$53,900 \$61,735	53,901 61,736	\$64,940 \$74,380	64,941 74,381	OVER OVER
7	\$0 \$0	\$41,910	41,911	\$49,403 \$55,740	49,464 55,741	\$69,571	69,572	\$83,820	83,821	OVER
8	\$0 \$0	\$46,630	41,911 46,631	\$62,018	62,019	\$77,406	77,407	\$93,260	93,261	OVER
5				· · ·	· · ·			. ,	55,201	OVEN
	*F	or families/ho	useholds with		ersons, add \$4 Discount Pr		additional pe	rson.		
			DDFF		Services	ogram				
nnual Preventive				weater	Jervices					
Vellness Exams	\$20 per visit		\$30 per visit		\$40 per visit		\$50 per visit		Patient Pays Full Charges	
eneral Primary Care,										
Diagnostic X-Rays,										
ommon Diagnostic									Cilai	ges
abs and Screenings										
abs and servernings										
			B	ehavioral H	lealth Servi	ces				
Counseling Services	\$10 per visit		\$15 per visit		\$20 per visit		\$25 per visit		Patient Pays Full Charges	
			-	Dental	Services				-	
Preventive servcies only	\$20 per visit		\$30 per visit		\$40 per visit		\$50 per visit			
including preventive x-										
ays and recare)										
Diagnostic Exams and									Patient Pays	Full Charg
Diagnostic X-Rays,	\$40 per visit		\$50 per visit		\$60 per visit		\$70 per visit			
Extractions, Fillings,										
Debridement										
Other Specialty										
Services: Relines,										
lippers, Root canals,			444		***		44.00			
urgical Extractions, All	\$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 Charge	
Denture Repair, Fillings										
vith pins & pulp caps,	(ii app	licablej	(ii appi	icablej	(ii appi	cablej	(ii appi	icablej		
RP, Bone Graft,										
Alveoloplasty										
			Equip	ment Base	ed Dental Se	ervices				
Dentures, Partials,										
Crowns, Bridges and Implants	40% Discount		35% Discount		30% Discount		25% Discount		Patient Pays Full Charg	

 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

01.26.22 Date

01-22-22

Randel Mansell, Board President

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Date