

## 2023-2024 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        | \$14,580 | 14,581       | \$19,391 | 19,392       | \$24,203 | 24,204       | \$29,160  | 29,161        | OVER |
| 2           | \$0        | \$19,720 | 19,721       | \$26,228 | 26,229       | \$32,735 | 32,736       | \$39,440  | 39,441        | OVER |
| 3           | \$0        | \$24,860 | 24,861       | \$33,064 | 33,065       | \$41,268 | 41,269       | \$49,720  | 49,721        | OVER |
| 4           | \$0        | \$30,000 | 30,001       | \$39,900 | 39,901       | \$49,800 | 49,801       | \$60,000  | 60,001        | OVER |
| 5           | \$0        | \$35,140 | 35,141       | \$46,736 | 46,737       | \$58,332 | 58,333       | \$70,280  | 70,281        | OVER |
| 6           | \$0        | \$40,280 | 40,281       | \$53,572 | 53,573       | \$66,865 | 66,866       | \$80,560  | 80,561        | OVER |
| 7           | \$0        | \$45,420 | 45,421       | \$60,409 | 60,410       | \$75,397 | 75,398       | \$90,840  | 90,841        | OVER |
| 8           | \$0        | \$50,560 | 50,561       | \$67,245 | 67,246       | \$83,930 | 83,931       | \$101,120 | 101,121       | OVER |

\*For families/households with more than 8 persons, add \$5,140 for each additional person.

## DBFPC Sliding Fee Discount Program

## Medical Services

|  |                |                |                |                |                           |
|--|----------------|----------------|----------------|----------------|---------------------------|
| Annual Preventive Wellness Exams<br>General Primary Care,<br>Diagnostic X-Rays,<br>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

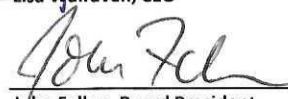
|   |   |   |  |   |                           |
|---|---|---|--|---|---------------------------|
| Preventive services only<br>(including preventive x-rays and recare)  | \$20 per visit                                    | \$30 per visit                                    | \$40 per visit                                     | \$50 per visit                                      | Patient Pays Full Charges |
| Diagnostic Exams and<br>Diagnostic X-Rays,<br>Extractions, Fillings,<br>Debridement   | \$40 per visit                                    | \$50 per visit                                    | \$60 per visit                                     | \$70 per visit                                      |                           |
| <u>Other Specialty Services:</u> Relines,<br>Flippers, Root canals,<br>Surgical Extractions, All<br>Denture Repair, Fillings<br>with pins & pulp caps,<br>SRP, Bone Graft,<br>Alveoloplasty | \$40 per visit<br>\$50 Lab fee<br>(if applicable) | \$60 per visit<br>\$75 Lab fee<br>(if applicable) | \$80 per visit<br>\$100 Lab fee<br>(if applicable) | \$100 per visit<br>\$125 Lab fee<br>(if applicable) | Patient Pays Full Charges |

## Equipment Based Dental Services

|  |              |              |              |              |                           |
|--|--------------|--------------|--------------|--------------|---------------------------|
| Dentures, Partials,<br>Crowns, Bridges and<br>Implants | 40% Discount | 35% Discount | 30% Discount | 25% Discount | Patient Pays Full Charges |
|--|--------------|--------------|--------------|--------------|---------------------------|

- 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.

 01.25.2023  
Lisa Walraven, CEO Date

 1-25-2023  
John Fallon, Board President Date