

**SLIDING FEE DISCOUNT PROGRAM**  
**Schedule of Discounts for Dental Services**  
 Effective March 1, 2023

The Schedule of Discounts is based on the current Federal Poverty Guidelines and are specific to Family Size and Annual Household Income.

Patients are responsible for the balance of their account after applicable discounts are applied.

**ANNUAL**

Income Level	<100%	101-150%	151-175%	176-200%	200%>
Nominal Fee - Preventive Services	\$50.00	\$75.00	\$85.00	\$95.00	Full Fee
% Owed - BASIC Services	20%	40%	60%	80%	100%
% Owed - MAJOR Services	35%	40%	45%	50%	100%

MAXIMUM ANNUAL INCOME									
Family Size	B	C		D		E		F	
1	\$ 14,580	\$ 14,581 -	\$ 21,870	\$ 21,871 -	\$ 25,515	\$ 25,516 -	\$ 29,160	\$ 29,161	+
2	\$ 19,720	\$ 19,721 -	\$ 29,580	\$ 29,581 -	\$ 34,510	\$ 34,511 -	\$ 39,440	\$ 39,441	+
3	\$ 24,860	\$ 24,861 -	\$ 37,290	\$ 37,291 -	\$ 43,505	\$ 43,506 -	\$ 49,720	\$ 49,721	+
4	\$ 30,000	\$ 30,001 -	\$ 45,000	\$ 45,001 -	\$ 52,500	\$ 52,501 -	\$ 60,000	\$ 60,001	+
5	\$ 35,140	\$ 35,141 -	\$ 52,710	\$ 52,711 -	\$ 61,495	\$ 61,496 -	\$ 70,280	\$ 70,281	+
6	\$ 40,280	\$ 40,281 -	\$ 60,420	\$ 60,421 -	\$ 70,490	\$ 70,491 -	\$ 80,560	\$ 80,561	+
7	\$ 45,420	\$ 45,421 -	\$ 68,130	\$ 68,131 -	\$ 79,485	\$ 79,486 -	\$ 90,840	\$ 90,841	+
8	\$ 50,560	\$ 50,561 -	\$ 75,840	\$ 75,841 -	\$ 88,480	\$ 88,481 -	\$ 101,120	\$ 101,121	+

Add \$5,140.00 for each additional person in family

Approved by KPCHC Board Mar 10, 2023

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

The slide scale you are on is \_\_\_\_\_. The expiration date of your sliding scale is \_\_\_\_\_.