

SLIDING FEE DISCOUNT PROGRAM
Schedule of Discounts for Dental Services
 Effective March 1, 2024

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

There is a nominal fee for preventive dental services at the time of visit for all patients who qualify for the Sliding Fee Discount Program.

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	\$ 15,060	\$ 15,061 - \$ 22,590	\$ 22,591 - \$ 26,355	\$ 26,356 - \$ 30,120	\$ 30,121	+
2	\$ 20,440	\$ 20,441 - \$ 30,660	\$ 30,661 - \$ 35,770	\$ 35,771 - \$ 40,880	\$ 40,881	+
3	\$ 25,820	\$ 25,821 - \$ 38,730	\$ 38,731 - \$ 45,185	\$ 45,186 - \$ 51,640	\$ 51,641	+
4	\$ 31,200	\$ 31,201 - \$ 46,800	\$ 46,801 - \$ 54,600	\$ 54,601 - \$ 62,400	\$ 62,401	+
5	\$ 36,580	\$ 36,581 - \$ 54,870	\$ 54,871 - \$ 64,015	\$ 64,016 - \$ 73,160	\$ 73,161	+
6	\$ 41,960	\$ 41,961 - \$ 62,940	\$ 62,941 - \$ 73,430	\$ 73,431 - \$ 83,920	\$ 83,921	+
7	\$ 47,340	\$ 47,341 - \$ 71,010	\$ 71,011 - \$ 82,845	\$ 82,846 - \$ 94,680	\$ 94,681	+
8	\$ 52,720	\$ 52,721 - \$ 79,080	\$ 79,081 - \$ 92,260	\$ 92,261 - \$ 105,440	\$ 105,441	+

Add \$5,380.00 for each additional person in family

Approved by KPCHC Board Feb 16, 2024

Patient's Name _____ DOB _____

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