



Dental SFS CO-PAYS										
	Level I		Level II		Level III		Level IV		No Discount	
	0 - 100% of Federal Poverty Level (FPL)		101 - 140% of Federal Poverty Level (FPL)		141 - 180% of Federal Poverty Level (FPL)		181 - 200% of Federal Poverty Level (FPL)		Over 200% Federal Poverty Level (FPL) / No Income Information Provided	
# of Family Members	If income is		If income is between:		If income is between:		If income is		If income is at or above:	
1	\$6,380	\$12,880	\$12,881	\$18,032	\$18,033	\$23,184	\$23,185	\$25,760	\$25,761	
2	\$8,620	\$17,420	\$17,421	\$24,388	\$24,389	\$31,356	\$31,357	\$34,840	\$34,841	
3	\$10,860	\$21,960	\$21,961	\$30,744	\$30,745	\$39,528	\$39,529	\$43,920	\$43,921	
4	\$13,100	\$26,500	\$26,501	\$37,100	\$37,101	\$47,700	\$47,701	\$53,000	\$53,001	
5	\$15,340	\$31,040	\$31,041	\$43,456	\$43,457	\$55,872	\$55,873	\$62,080	\$62,081	
6	\$17,580	\$35,580	\$35,581	\$49,812	\$49,813	\$64,044	\$64,045	\$71,160	\$71,161	
7	\$19,820	\$40,120	\$40,121	\$56,168	\$56,169	\$72,216	\$72,217	\$80,240	\$80,241	
8	\$22,060	\$44,660	\$44,661	\$62,524	\$62,525	\$80,388	\$80,389	\$89,320	\$89,321	
<b>Add for Each Additional Person</b>	\$2,270		\$3,178		\$4,086		\$4,540		\$4,540	
Diagnostic & Preventive (Exams and X-Rays)	\$20		\$60		\$100		\$120		\$150 at the time of service / Pt will be billed for remainder balance	
Restorative (Fillings), Periodontics & Extractions	\$80		\$120		\$200		\$240		\$150 at the time of service / Pt will be billed for remainder balance	
Prosthodontics & Endodontics (Root Canals and Crown and Bridge)	\$800		\$900		\$1,000		\$1,100		50% of total charge is due prior to service, remaining 50% of total charges due upon completion.	
Deep Cleaning fee is per quad. (4 Quadrants for complete cleaning at \$150 each)										
Prosthodontics, fee per arch. (Upper and Lower Dentures)										

If a Patient's insurance plan does *NOT* pay on a claim due to noncovered services, the patient will be responsible for their sliding fee scale copay amount.

If a Patient's insurance deems an amount due as the Co-Pay, Co-Insurance or Deductible, the patient will owe the lessor of what is deemed by the insurance or the patients sliding fee scale amount.

**Example:** A patient is Level II (\$60 copay) for Diagnostic & Preventive visit, and their insurance has applied \$85.66 towards the patient's deductible. The patient will be charged the \$60 copay for Level II copay, since the amount is lessor.