



### MEDICAL & BEHAVIORAL HEALTH SFS CO-PAYS

	Level I		Level II		Level III		Level IV		Level V - 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 between:		If income is between:		If income is between:		If income is between:		If income is at or above:
1	\$0	\$15,060	\$15,061	\$21,084	\$21,085	\$27,108	\$27,109	\$30,120	\$30,121
2	\$0	\$20,440	\$20,441	\$28,616	\$28,617	\$36,792	\$36,793	\$40,880	\$40,881
3	\$0	\$25,820	\$25,821	\$36,148	\$36,149	\$46,476	\$46,477	\$51,640	\$51,641
4	\$0	\$31,200	\$31,201	\$43,680	\$43,681	\$56,160	\$56,161	\$62,400	\$62,401
5	\$0	\$36,580	\$36,581	\$51,212	\$51,213	\$65,844	\$65,845	\$73,160	\$73,161
6	\$0	\$41,960	\$41,961	\$58,744	\$58,745	\$75,528	\$75,529	\$83,920	\$83,921
7	\$0	\$47,340	\$47,341	\$66,276	\$66,277	\$85,212	\$85,213	\$94,680	\$94,681
8	\$0	\$52,720	\$52,721	\$73,808	\$73,809	\$94,896	\$94,897	\$105,440	\$105,441
Add for Each Additional Person	\$2,690		\$3,766		\$4,842		\$5,380		\$5,380
Patient Payment	\$20		\$40		\$60		\$80		\$150 at the time of service / Pt will be billed for remainder balance

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 Patients 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 (\$40 copay), and their insurance has applied \$85.66 towards the patients deductible. The patient will be charged the \$40 copay for Level II copay, since that amount is lessor.

### NURSE VISITS & INSURED PATIENTS

	Level I	Level II	Level III	Level IV	Level V - 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
Nurse Visits	\$10	\$15	\$20	\$25	\$30 at the time of service

Insured Patients & Balance after copays/deductibles will be balance billed up to the assessed SFS Copay amount.

DIETITIAN VISITS & INSURED PATIENTS											
	Level I		Level II		Level III		Level IV		Level V - 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		
Dietitian Visits	\$0		\$10		\$20		\$30		\$40 at the time of service		
Insured Patients & Balance after copays/deductibles will be balance billed up to the assessed SFS Copay amount.											
NOTE: "NO DISCOUNT" column refers to an initial fee collected at the time of service. Patient will be billed for the remainder balance after the visit.											

DENTAL SFS CO-PAYS										
	Level I		Level II		Level III		Level IV		Level V - 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		If income is		If income is between:		If income is at or above:	
1	\$0	\$15,060	\$15,061	\$21,084	\$21,085	\$27,108	\$27,109	\$30,120	\$30,121	
2	\$0	\$20,440	\$20,441	\$28,616	\$28,617	\$36,792	\$36,793	\$40,880	\$40,881	
3	\$0	\$25,820	\$25,821	\$36,148	\$36,149	\$46,476	\$46,477	\$51,640	\$51,641	
4	\$0	\$31,200	\$31,201	\$43,680	\$43,681	\$56,160	\$56,161	\$62,400	\$62,401	
5	\$0	\$36,580	\$36,581	\$51,212	\$51,213	\$65,844	\$65,845	\$73,160	\$73,161	
6	\$0	\$41,960	\$41,961	\$58,744	\$58,745	\$75,528	\$75,529	\$83,920	\$83,921	
7	\$0	\$47,340	\$47,341	\$66,276	\$66,277	\$85,212	\$85,213	\$94,680	\$94,681	
8	\$0	\$52,720	\$52,721	\$73,808	\$73,809	\$94,896	\$94,897	\$105,440	\$105,441	
Add for Each Additional Person	\$2,690		\$3,766		\$4,842		\$5,380		\$5,380	
Diagnostic & Preventive (Exams and X-Rays)	\$20		\$60		\$100		\$120		\$150.00 due at the time of service / Pt will be billed for remainder balance	
Restorative (Fillings), Periodontics & Extractions	\$80		\$120		\$200		\$240		\$150.00 due 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 \$150 per quad. (4 Quadrants for complete cleaning is \$600 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										
<b>Example:</b> 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										