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DIETITIAN VISITS & INSURED PATIENTS					
Dietitian visits	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	\$0	\$10	\$20	\$30	
Balance after Co-pays/Deductible	\$0	\$10	\$20	\$30	
Insured Patients & Balance after copays/deductibles will be balance billed up to the assessed SFS Copay amount.					

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 between:		If income is between:		If income is between:		If income is between:		If income is at or above:
1	\$0	\$14,550	\$14,581	\$20,412	\$20,413	\$26,244	\$26,245	\$29,160	\$29,161
2	\$0	\$19,720	\$19,721	\$27,608	\$27,609	\$33,496	\$35,497	\$39,440	\$39,441
3	\$0	\$24,860	\$24,861	\$34,804	\$34,805	\$44,748	\$44,749	\$49,720	\$49,721
4	\$0	\$30,000	\$30,001	\$42,000	\$42,001	\$54,000	\$54,001	\$60,000	\$60,001
5	\$0	\$35,140	\$35,141	\$49,196	\$49,197	\$63,252	\$63,253	\$70,280	\$70,281
6	\$0	\$40,280	\$40,281	\$56,392	\$56,393	\$72,504	\$72,505	\$80,560	\$80,561
7	\$0	\$45,420	\$45,421	\$63,588	\$63,589	\$81,756	\$81,757	\$90,840	\$90,841
8	\$0	\$50,560	\$50,561	\$70,784	\$70,785	\$91,008	\$91,009	\$101,120	\$101,121
Add for Each Additional Person	\$2,570		\$3,598		\$4,626		\$5,140		\$5,140
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)									
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 lesser of what is deemed by the insurance or the patients sliding fee scale amount.

Example: A patient is Level II (\$40 copay) for Diagnostic & Preventive visit, and their insurance has applied \$85.66 towards the patient's deductible. The patient will be charged the \$40 copay for Level II copay, since the amount is lessor.