



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		If income is		If income is		If income is between:		If income is at or above:
1	\$0	\$15,650	\$15,651	\$21,910	\$21,911	\$28,170	\$28,171	\$31,300	\$31,301
2	\$0	\$21,150	\$21,151	\$29,610	\$29,611	\$38,070	\$38,071	\$42,300	\$42,301
3	\$0	\$26,650	\$26,651	\$37,310	\$37,311	\$47,970	\$47,971	\$53,300	\$53,301
4	\$0	\$32,150	\$32,151	\$45,010	\$45,011	\$57,870	\$57,871	\$64,300	\$64,301
5	\$0	\$37,650	\$37,651	\$52,710	\$52,711	\$67,770	\$67,771	\$75,300	\$75,301
6	\$0	\$43,150	\$43,151	\$60,410	\$60,411	\$77,670	\$77,671	\$86,300	\$86,301
7	\$0	\$48,650	\$48,651	\$68,110	\$68,111	\$87,570	\$87,571	\$97,300	\$97,301
8	\$0	\$54,150	\$54,151	\$75,810	\$75,811	\$97,470	\$97,471	\$108,300	\$108,301
Add for Each Additional Person	\$5,500		\$7,700		\$9,900		\$11,000		\$11,000
Patient Payment	\$20		\$40		\$60		\$80		\$120 at the time of service / Pt will be billed for remainder balance

If a Patients 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.



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	\$15,650	\$15,651	\$21,910	\$21,911	\$28,170	\$28,171	\$31,300	\$31,301
2	\$0	\$21,150	\$21,151	\$29,610	\$29,611	\$38,070	\$38,071	\$42,300	\$42,301
3	\$0	\$26,650	\$26,651	\$37,310	\$37,311	\$47,970	\$47,971	\$53,300	\$53,301
4	\$0	\$32,150	\$32,151	\$45,010	\$45,011	\$57,870	\$57,871	\$64,300	\$64,301
5	\$0	\$37,650	\$37,651	\$52,710	\$52,711	\$67,770	\$67,771	\$75,300	\$75,301
6	\$0	\$43,150	\$43,151	\$60,410	\$60,411	\$77,670	\$77,671	\$86,300	\$86,301
7	\$0	\$48,650	\$48,651	\$68,110	\$68,111	\$87,570	\$87,571	\$97,300	\$97,301
8	\$0	\$54,150	\$54,151	\$75,810	\$75,811	\$97,470	\$97,471	\$108,300	\$108,301
Add for Each Additional Person	\$5,500		\$7,700		\$9,900		\$11,000		\$11,000
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		\$100		\$120		\$140		\$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 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.									