

2026 Sliding Scale Dental Information Sheet

Income Level as % of FPL	A <100%	B 101%-133%	C 134% - 167%	D 168% - 200%	E >200%
Fee per Oral Examination + X-Ray	\$60	80% of full charges	90% of full charges	95% of full charges	Full Charges (\$110)
Fee per Full Mouth X-Ray	\$30	50% of full charges	70% of full charges	90% of full charges	Full Charges (\$190)
Fee per Hygiene Service	\$50 – (Child) \$80 – (Adult)	80% of full charges	90% of full charges	95% of full charges	Full Charges (\$140)
Fee per Sealant	\$80 [up to 4 teeth]	80% of full charges	90% of full charges	95% of full charges	Full Charges (\$78 per tooth)
Fee Per Filling (+\$90 for every additional tooth)	\$150 – 1 Surface \$195 – 2 Surface \$240 – 3 Surface (+\$45 for an additional surface)	80% of full charges	90% of full charges	95% of full charges	Full Charges (\$220– 1 surface)

To complete your Financial Assistance application, you will need:

- Proof of income for all adults in your house Proof of expenses, if using to qualify

Proof of income is required for you and all members of your household.

- ✓ Acceptable documentation can include: W-2 Forms or two most recent pay stubs (if no W-2); Income tax returns; Any other income documentation (e.g., unemployment benefits statement, Social Security benefit letter, public assistance benefits letter, child support/alimony documentation). If you are not working and have no source of income, provide a letter of support from the person supporting you or the individual you are living with.
- ✓ Patients applying for the Sliding Fee Discount Program must provide proof of income for all household members sharing income or legally responsible for each other's debts.

Proof of expenses are only required if you are using cost of living expenses in your sliding scale calculation for the household.

- ✓ Acceptable documentation can include: Monthly mortgage, lease agreement, or rent bill (up to \$1,250 per monthly allowable), and/or tuition or childcare bills.

Other Requirements and Reminders:

- ✓ Only dental services listed on this information sheet are eligible for the Sliding Fee Discount Program. Discounts are applied as a percentage of the health center’s full fee schedule.
- ✓ Dental Patients must provide complete and accurate documentation on or before the date of their initial visit to be considered for Sliding Fee Discount Program eligibility. No patient will be denied services due to inability to pay.
- ✓ Dental Patients are not presumed eligible for Sliding Fee Discount Program discounts without required documentation. Any exceptions will be evaluated and approved by authorized management staff.
- ✓ All households must disclose any active health insurance coverage. Insurance will be billed for all covered services, and patient responsibility will not exceed the applicable Sliding Fee nominal charge, unless obligated by law.
- ✓ Patients who do not qualify for the Sliding Fee Discount Program but are unable to pay may submit a written request explaining their financial circumstances for further review.
- ✓ Eligibility is based on household size and income in accordance with Federal Poverty Level (FPL) guidelines and is valid for a limited period as determined by the health center.