

PROMISE HEALTHCARE
DENTAL SLIDING FEE SCALE 2017

# Persons in Household	Household Income	Scale A Nominal Fee* See Below	Scale B Fee See Below	Scale C Fee See Below	Scale D Fee See Below	100% Full Pay
1	Annual	0 - 12,060	12,061 - 18,090	18,091 - 21,105	21,106 - 24,120	24,121 +
	per month	0 - 1,005	1,006 - 1,507	1,508 - 1,759	1,760 - 2,010	2,011 +
	per week	0 - 232	233 - 347	348 - 405	406 - 463	464 +
2	Annual	0 - 16,240	16,241 - 24,360	24,361 - 28,420	28,421 - 32,480	32,481 +
	per month	0 - 1,353	1,353 - 2,029	2,030 - 2,368	2,369 - 2,707	2,708 +
	per week	0 - 311	312 - 467	468 - 545	546 - 623	624 +
3	Annual	0 - 20,420	20,421 - 30,630	30,631 - 35,735	35,736 - 40,840	40,841 +
	per month	0 - 1,701	1,702 - 2,552	2,553 - 2,978	2,979 - 3,403	3,404 +
	per week	0 - 392	393 - 587	588 - 685	686 - 783	784 +
4	Annual	0 - 24,600	24,601 - 36,900	36,901 - 43,050	43,051 - 49,200	49,201 +
	per month	0 - 2,050	2,051 - 3,075	3,076 - 3,588	3,589 - 4,100	4,101 +
	per week	0 - 472	473 - 708	709 - 826	827 - 944	945 +
5	Annual	0 - 28,780	28,781 - 43,170	43,171 - 50,365	50,366 - 57,560	57,561 +
	per month	0 - 2,398	2,399 - 3,597	3,598 - 4,197	4,198 - 4,797	4,798 +
	per week	0 - 552	553 - 828	829 - 966	967 - 1,104	1,105 +
6	Annual	0 - 32,960	32,961 - 49,440	49,441 - 57,680	57,681 - 65,920	65,921 +
	per month	0 - 2,746	2,747 - 4,120	4,121 - 4,807	4,808 - 5,493	5,494 +
	per week	0 - 632	633 - 948	949 - 1,106	1,107 - 1,264	1,265 +
7	Annual	0 - 37,140	37,141 - 55,710	55,711 - 64,995	64,996 - 74,280	74,281 +
	per month	0 - 3,095	3,096 - 4,642	4,643 - 5,416	5,417 - 6,190	6,191 +
	per week	0 - 712	713 - 1,068	1,069 - 1,246	1,247 - 1,425	1,426 +
8	Annual	0 - 41,320	41,321 - 61,980	61,981 - 72,310	72,311 - 82,640	82,641 +
	per month	0 - 3,443	3,444 - 5,165	5,166 - 6,026	6,027 - 6,887	6,888 +
	per week	0 - 795	796 - 1,189	1,190 - 1,387	1,388 - 1,585	1,586 +

For each additional household member add
 4,180.00 to annual income.
 348.33 to monthly income.
 80.38 to weekly income.

Sliding fee scale based upon total gross household income and the number of persons residing in the household.

	Reduced Fee A	Reduced Fee B	Reduced Fee C	Reduced Fee D
Dental Full Exam with X-rays and Hygiene	\$40	\$50	\$60	\$70
Limited Problem Focused Exam	\$20	\$30	\$40	\$50
Dental Treatment Appointment	\$40	\$50	\$60	\$70
Hygiene Appointment	\$20	\$30	\$40	\$50
Scaling per Quadrant	\$20	\$30	\$40	\$50

Effective : 4/1/2017