**PROMISE HEALTHCARE**
DENTAL SLIDING FEE SCALE 2018

| # Persons in Household | Household Income | Scale A Fee* Below | Nominal See | Scale B Fee See Below | | | Scale C Fee Below | | See | Scale D See Below | | Fee | 100% Full Pay |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Annual | 0 - | 12,140 | 12,141 | - | 18,210 | 18,211 | - | 21,245 | 21,246 | - | 24,280 | 24,281 + |
| | per month | 0 - | 1,012 | 1,013 | - | 1,517 | 1,518 | - | 1,770 | 1,772 | - | 2,023 | 2,024 + |
| | per week | 0 - | 233 | 235 | - | 349 | 350 | - | 407 | 408 | - | 466 | 467 + |
| 2 | Annual | 0 - | 16,460 | 16,461 | - | 24,690 | 24,691 | - | 28,805 | 28,806 | - | 32,920 | 32,921 + |
| | per month | 0 - | 1,372 | 1,372 | - | 2,057 | 2,058 | - | 2,400 | 2,402 | - | 2,743 | 2,744 + |
| | per week | 0 - | 316 | 317 | - | 474 | 475 | - | 552 | 553 | - | 631 | 632 + |
| 3 | Annual | 0 - | 20,780 | 20,781 | - | 31,170 | 31,171 | - | 36,365 | 36,366 | - | 41,560 | 41,561 + |
| | per month | 0 - | 1,731 | 1,732 | - | 2,597 | 2,598 | - | 3,030 | 3,032 | - | 3,463 | 3,464 + |
| | per week | 0 - | 399 | 400 | - | 598 | 599 | - | 697 | 698 | - | 797 | 798 + |
| 4 | Annual | 0 - | 25,100 | 25,101 | - | 37,650 | 37,651 | - | 43,925 | 43,926 | - | 50,200 | 50,201 + |
| | per month | 0 - | 2,092 | 2,093 | - | 3,138 | 3,139 | - | 3,660 | 3,662 | - | 4,183 | 4,184 + |
| | per week | 0 - | 481 | 482 | - | 722 | 723 | - | 842 | 843 | - | 963 | 964 + |
| 5 | Annual | 0 - | 29,420 | 29,421 | - | 44,130 | 44,131 | - | 51,485 | 51,486 | - | 58,840 | 58,841 + |
| | per month | 0 - | 2,452 | 2,453 | - | 3,677 | 3,678 | - | 4,290 | 4,292 | - | 4,903 | 4,904 + |
| | per week | 0 - | 564 | 565 | - | 846 | 847 | - | 987 | 988 | - | 1,128 | 1,129 + |
| 6 | Annual | 0 - | 33,740 | 33,741 | - | 50,610 | 50,611 | - | 59,045 | 59,046 | - | 67,480 | 67,481 + |
| | per month | 0 - | 2,811 | 2,812 | - | 4,218 | 4,218 | - | 4,920 | 4,922 | - | 5,623 | 5,624 + |
| | per week | 0 - | 647 | 648 | - | 971 | 972 | - | 1,132 | 1,133 | - | 1,294 | 1,295 + |
| 7 | Annual | 0 - | 38,060 | 38,061 | - | 57,090 | 57,091 | - | 66,605 | 66,606 | - | 76,120 | 76,121 + |
| | per month | 0 - | 3,172 | 3,173 | - | 4,757 | 4,758 | - | 5,550 | 5,551 | - | 6,343 | 6,344 + |
| | per week | 0 - | 730 | 731 | - | 1,095 | 1,096 | - | 1,277 | 1,278 | - | 1,460 | 1,461 + |
| 8 | Annual | 0 - | 42,380 | 42,381 | - | 63,570 | 63,571 | - | 74,165 | 74,166 | - | 84,760 | 84,761 + |
| | per month | 0 - | 3,532 | 3,533 | - | 5,298 | 5,298 | - | 6,180 | 6,182 | - | 7,063 | 7,064 + |
| | per week | 0 - | 815 | 816 | - | 1,219 | 1,220 | - | 1,422 | 1,423 | - | 1,626 | 1,627 + |

For each additional household member add 4,320.00 to annual income.
360.00 to monthly income.
83.08 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 : 3/1/18