

**PROMISE HEALTHCARE**  
DENTAL SLIDING FEE SCALE 2019

# Persons in Household	Household Income	Scale A	Nominal	Scale B	Scale C	Scale D	100% Full Pay
		Fee*	See Below	Fee	Fee	Fee	
1	Annual	0 -	12,490	12,491 -	18,735	18,736 -	24,981 +
	per month	0 -	1,041	1,042 -	1,561	1,561 -	2,083 +
	per week	0 -	240	242 -	359	360 -	480 +
2	Annual	0 -	16,910	16,911 -	25,365	25,366 -	33,821 +
	per month	0 -	1,409	1,409 -	2,113	2,114 -	2,819 +
	per week	0 -	324	325 -	486	487 -	650 +
3	Annual	0 -	21,330	21,331 -	31,995	31,996 -	42,661 +
	per month	0 -	1,777	1,778 -	2,666	2,666 -	3,556 +
	per week	0 -	409	410 -	614	615 -	819 +
4	Annual	0 -	25,750	25,751 -	38,625	38,626 -	51,501 +
	per month	0 -	2,146	2,147 -	3,219	3,220 -	4,293 +
	per week	0 -	494	495 -	741	742 -	989 +
5	Annual	0 -	30,170	30,171 -	45,255	45,256 -	60,341 +
	per month	0 -	2,514	2,515 -	3,771	3,771 -	5,029 +
	per week	0 -	579	580 -	868	869 -	1,158 +
6	Annual	0 -	34,590	34,591 -	51,885	51,886 -	69,181 +
	per month	0 -	2,882	2,883 -	4,324	4,324 -	5,766 +
	per week	0 -	663	664 -	995	996 -	1,328 +
7	Annual	0 -	39,010	39,011 -	58,515	58,516 -	78,021 +
	per month	0 -	3,251	3,252 -	4,876	4,876 -	6,503 +
	per week	0 -	748	749 -	1,122	1,123 -	1,497 +
8	Annual	0 -	43,430	43,431 -	65,145	65,146 -	86,861 +
	per month	0 -	3,619	3,620 -	5,429	5,429 -	7,239 +
	per week	0 -	835	836 -	1,249	1,250 -	1,667 +

For each additional household member add  
 4,420.00 to annual income.  
 368.33 to monthly income.  
 85.00 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 : 3/1/19