

PROMISE HEALTHCARE
DENTAL SLIDING FEE SCALE 2020

# Persons in Household	Household Income	Scale A	Nominal	Scale B	Scale C	Scale D	100% Full Pay			
		Fee*	See Below	See Below	See Below	See Below				
1	Annual	0 -	12,760	12,761 -	19,140	19,141 -	22,330	22,331 -	25,520	25,521 +
	per month	0 -	1,063	1,064 -	1,595	1,595 -	1,861	1,862 -	2,127	2,128 +
	per week	0 -	245	247 -	367	368 -	428	429 -	489	490 +
2	Annual	0 -	17,240	17,241 -	25,860	25,861 -	30,170	30,171 -	34,480	34,481 +
	per month	0 -	1,437	1,437 -	2,154	2,155 -	2,514	2,515 -	2,873	2,874 +
	per week	0 -	331	332 -	496	497 -	579	580 -	661	662 +
3	Annual	0 -	21,720	21,721 -	32,580	32,581 -	38,010	38,011 -	43,440	43,441 +
	per month	0 -	1,810	1,810 -	2,715	2,715 -	3,168	3,169 -	3,620	3,621 +
	per week	0 -	417	418 -	625	626 -	729	730 -	833	834 +
4	Annual	0 -	26,200	26,201 -	39,300	39,301 -	45,850	45,851 -	52,400	52,401 +
	per month	0 -	2,183	2,184 -	3,275	3,276 -	3,821	3,822 -	4,367	4,368 +
	per week	0 -	502	503 -	754	755 -	879	880 -	1,005	1,006 +
5	Annual	0 -	30,680	30,681 -	46,020	46,021 -	53,690	53,691 -	61,360	61,361 +
	per month	0 -	2,557	2,558 -	3,835	3,835 -	4,474	4,475 -	5,113	5,114 +
	per week	0 -	588	589 -	883	884 -	1,030	1,031 -	1,177	1,178 +
6	Annual	0 -	35,160	35,161 -	52,740	52,741 -	61,530	61,531 -	70,320	70,321 +
	per month	0 -	2,930	2,930 -	4,395	4,396 -	5,128	5,129 -	5,860	5,861 +
	per week	0 -	674	675 -	1,011	1,012 -	1,180	1,181 -	1,349	1,350 +
7	Annual	0 -	39,640	39,641 -	59,460	59,461 -	69,370	69,371 -	79,280	79,281 +
	per month	0 -	3,303	3,304 -	4,955	4,955 -	5,781	5,781 -	6,607	6,608 +
	per week	0 -	760	761 -	1,140	1,141 -	1,330	1,331 -	1,520	1,521 +
8	Annual	0 -	44,120	44,121 -	66,180	66,181 -	77,210	77,211 -	88,240	88,241 +
	per month	0 -	3,677	3,678 -	5,515	5,516 -	6,434	6,435 -	7,353	7,354 +
	per week	0 -	848	849 -	1,269	1,270 -	1,481	1,482 -	1,692	1,693 +

For each additional household member add
 4,480.00 to annual income.
 373.33 to monthly income.
 86.15 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 : 3/1/20