PROMISE HEALTHCARE

DENTAL SLIDING FEE SCALE 2021

# Persons in Household	Household Income	Scale A Fee* See Below	Nominal	Scale B Fee See Below		Scale C Fee See Below		Scale D Fee See Below		100% Full Pay
1	Annual	0 -	12,880	12,881 -	19,320	19,321 -	22,540	22,541 -	25,760	25,761 +
	per month	0 -	1,073	1,074 -	1,610	1,610 -	1,878	1,879 -	2,147	2,148 +
	per week	0 -	248	249 -	371	372 -	432	433 -	494	495 +
2	Annual	0 -	17,420	17,421 -	26,130	26,131 -	30,485	30,486 -	34,840	34,841 +
	per month	0 -	1,452	1,452 -	2,177	2,178 -	2,540	2,542 -	2,903	2,904 +
	per week	0 -	334	335 -	501	502 -	585	586 -	668	669 +
3	Annual	0 -	21,960	21,961 -	32,940	32,941 -	38,430	38,431 -	43,920	43,921 +
	per month	0 -	1,830	1,830 -	2,745	2,745 -	3,203	3,204 -	3,660	3,661 +
	per week	0 -	421	422 -	632	633 -	737	738 -	842	843 +
4	Annual	0 -	26,500	26,501 -	39,750	39,751 -	46,375	46,376 -	53,000	53,001 +
	per month	0 -	2,208	2,209 -	3,313	3,314 -	3,865	3,866 -	4,417	4,418 +
	per week	0 -	508	509 -	762	763 -	889	890 -	1,016	1,017 +
5	Annual	0 -	31,040	31,041 -	46,560	46,561 -	54,320	54,321 -	62,080	62,081 +
	per month	0 -	2,587	2,588 -	3,880	3,880 -	4,527	4,528 -	5,173	5,174 +
	per week	0 -	595	596 -	893	894 -	1,042	1,043 -	1,191	1,192 +
6	Annual	0 -	35,580	35,581 -	53,370	53,371 -	62,265	62,266 -	71,160	71,161 +
	per month	0 -	2,965	2,965 -	4,448	4,448 -	5,189	5,190 -	5,930	5,931 +
	per week	0 -	682	683 -	1,024	1,025 -	1,194	1,195 -	1,365	1,366 +
7	Annual	0 -	40,120	40,121 -	60,180	60,181 -	70,210	70,211 -	80,240	80,241 +
	per month	0 -	3,343	3,344 -	5,015	5,015 -	5,851	5,851 -	6,687	6,688 +
	per week	0 -	769	770 -	1,154	1,155 -	1,346	1,348 -	1,539	1,540 +
8	Annual	0 -	44,660	44,661 -	66,990	66,991 -	78,155	78,156 -	89,320	89,321 +
	per month	0 -	3,722	3,723 -	5,583	5,583 -	6,513	6,514 -	7,443	7,444 +
	per week	0 -	859	860 -	1,285	1,286 -	1,499	1,500 -	1,713	1,714 +

For each additional household member add 4,540.00 to annual income.
378.33 to monthly income.
87.31 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 : 4/1/2021