

**2019 SLIDING FEE DISCOUNT - AFFORDABLE MEDICAL and DENTAL SERVICES**

**Based Upon Income Guidelines as Published in the Federal Register on January 11, 2019**

% of Income Poverty	A (0-100%)	B 101% - 133%	C 134% - 150%	D 151% - 170%	E 171% - 185%	F 186% - 200%	G (201%+)
<b>FAMILY SIZE</b>	<b>ANNUAL INCOME</b>						
1	\$0 - \$12,490	\$12,491 - \$16,612	\$16,613 - \$18,735	\$18,736 - \$21,233	\$21,234 - \$23,107	\$23,108 - \$24,980	\$24,981 - OVER
2	\$0 - \$16,910	\$16,911 - \$22,490	\$22,491 - \$25,365	\$25,366 - \$28,747	\$28,748 - \$31,284	\$31,285 - \$33,820	\$33,821 - OVER
3	\$0 - \$21,330	\$21,331 - \$28,369	\$28,370 - \$31,995	\$31,996 - \$36,261	\$36,262 - \$39,461	\$39,462 - \$42,660	\$42,661 - OVER
4	\$0 - \$25,750	\$25,751 - \$34,248	\$34,249 - \$38,625	\$38,626 - \$43,775	\$43,776 - \$47,638	\$47,639 - \$51,500	\$51,501 - OVER
5	\$0 - \$30,170	\$30,171 - \$40,126	\$40,127 - \$45,255	\$45,256 - \$51,289	\$51,290 - \$55,815	\$55,816 - \$60,340	\$60,341 - OVER
6	\$0 - \$34,590	\$34,591 - \$46,005	\$46,006 - \$51,885	\$51,886 - \$58,803	\$58,804 - \$63,992	\$63,993 - \$69,180	\$69,181 - OVER
7	\$0 - \$39,010	\$39,011 - \$51,883	\$51,884 - \$58,515	\$58,516 - \$66,317	\$66,318 - \$72,169	\$72,170 - \$78,020	\$78,021 - OVER
8	\$0 - \$43,430	\$43,431 - \$57,762	\$57,763 - \$65,145	\$65,146 - \$73,831	\$73,832 - \$80,346	\$80,347 - \$86,860	\$86,861 - OVER

Discount	100%	73%	66%	49%	29%	14%	0%
Office Visit	\$0	\$56	\$71	\$106	\$147	\$178	\$208
Nutrition Visit	\$0	\$29	\$37	\$55	\$77	\$94	\$109
* Dental							
Prophylaxis - Adult (D1110)	\$0	\$12	\$15	\$23	\$32	\$39	\$45
Prophylaxis - Child (D1120)	\$0	\$12	\$15	\$22	\$31	\$37	\$43
Topical Fluoride (D1206)	\$0	\$8	\$10	\$15	\$21	\$26	\$30
Sealant - per tooth (D1351)	\$0	\$9	\$12	\$18	\$25	\$30	\$35
Recementation of space maintainer Unilateral (D1510)	\$0	\$31	\$39	\$59	\$82	\$100	\$116
Recementation of space maintainer Bilateral (D1516)	\$0	\$47	\$59	\$89	\$124	\$150	\$174

\* Extensive Dental procedures will require deposits over and above the Sliding Fee Scale on an Individual basis.

- For family units with more than 8 members, add **\$4,420** for each additional member pursuant to the scale.
- All persons must show valid ID (example: Driver license, Passport, NY Resident ID, Valid Employment ID. )
- All persons must show proof of income (example: pay stubs, SSI stub, prior year federal tax return, current letter from employer stating annual income). Patients without valid proof of income will be assessed and billed for the full fee until income is verified.
- Persons with income above 200% of the Federal poverty level will be assessed and charged the full fee.
- It is the policy of B.M.S. Family Health Center to provide medically necessary services regardless of the patient's ability to pay.
- The above cost does not include laboratory and other ancillary charges