



2024-2025 Sliding Fee Scale for Clinic Services										
	SFS Plan A		SFS Plan B		SFS Plan C		SFS Plan D		Not Eligible	
	0-100% FPG		101-133% FPG		134-166% FPG		167-200% FPG		Over 200% FPG	
	Income		Income		Income		Income		Income	
Family Size	From	To	From	To	From	To	From	To	From	To
1	\$0	\$15,080	15,061	\$20,030	20,031	\$25,000	25,001	\$30,120	30,121	OVER
2	\$0	\$20,440	20,441	\$27,185	27,186	\$33,930	33,931	\$40,880	40,881	OVER
3	\$0	\$25,820	25,821	\$34,341	34,342	\$42,861	42,862	\$51,840	51,841	OVER
4	\$0	\$31,200	31,201	\$41,498	41,497	\$51,792	51,793	\$62,400	62,401	OVER
5	\$0	\$36,580	36,581	\$48,851	48,852	\$60,723	60,724	\$73,180	73,181	OVER
6	\$0	\$41,980	41,981	\$55,807	55,808	\$69,854	69,855	\$83,920	83,921	OVER
7	\$0	\$47,340	47,341	\$62,982	62,983	\$78,584	78,585	\$94,880	94,881	OVER
8	\$0	\$52,720	52,721	\$70,118	70,119	\$87,515	87,516	\$105,440	105,441	OVER
*For families/households with more than 8 persons, add \$5,380 for each additional person.										
DBFPC Sliding Fee Discount Program										
Medical Services										
Annual Preventive Wellness Exams General Primary Care, Diagnostic X-Rays, Common Diagnostic Labs and Screenings	\$20 per visit		\$30 per visit		\$40 per visit		\$50 per visit		Patient Pays Full Charges	
Behavioral Health Services										
Counseling Services	\$10 per visit		\$15 per visit		\$20 per visit		\$25 per visit		Patient Pays Full Charges	
Dental Services										
Preventive services only (Including preventive x-rays and recare)	\$20 per visit		\$30 per visit		\$40 per visit		\$50 per visit		Patient Pays Full Charges	
Diagnostic Exams and Diagnostic X-Rays, Extractions, Fillings, Debridement	\$40 per visit		\$50 per visit		\$60 per visit		\$70 per visit			
<u>Other Specialty Services:</u> Relines, Flippers, Root canals, Surgical Extractions, All Denture Repair, Fillings with pins & pulp caps, SRP, Bone Graft, Alveoloplasty	\$40 per visit \$50 Lab fee (if applicable)		\$60 per visit \$75 Lab fee (if applicable)		\$80 per visit \$100 Lab fee (if applicable)		\$100 per visit \$125 Lab fee (if applicable)		Patient Pays Full Charges	
Equipment Based Dental Services										
Dentures, Partials, Crowns, Bridges and implants	40% Discount		35% Discount		30% Discount		25% Discount		Patient Pays Full Charges	
<ul style="list-style-type: none"> Patients billed for outside reference diagnostic services, including pathology, laboratory and radiology tests should bring their bill to the CFO within 60-days of the date of service. The CFO will verify eligibility and make immediate payment to the appropriate service provider. 										
 Liza Walraven, CEO 01.31.2024 Date										
 John Fallon, Board President 1-31-2024 Date										