



MASCOMA COMMUNITY HEALTH CENTER

Sliding Scale Discount Schedule

FIND INCOME LEVEL AFTER FINDING CORRECT ROW FOR FAMILY SIZE

Family Size	100% Discount Except for Minimum Fees Below		75% Discount Subject to Minimum Fees Below	50% Discount Subject to Minimum Fees Below	25% Discount Subject to Minimum Fees Below	0% Discount
	1	Under \$12,060	\$12,061-\$16,643	\$16,644 - \$18,090	\$18,091 - \$21,105	\$21,108 - \$24,120
2	Under \$16,240	\$16,240-\$22,411	\$22,412 - \$24,360	\$24,361 - \$28,420	\$28,421 - \$32,480	Over \$32,480
3	Under \$20,420	\$20,421-\$28,180	\$28,180 - \$30,630	\$30,631 - \$35,735	\$35,736 - \$40,840	Over \$40,840
4	Under \$24,600	\$24,601 - \$33,948	\$33,949 - \$36,900	\$36,901 - \$43,050	\$43,051 - \$49,200	Over \$49,200
5	Under \$28,780	\$28,781-\$39,716	\$39,717 - \$43,170	\$43,171 - \$50,365	\$50,366 - \$57,560	Over \$57,560
6	Under \$32,960	\$32,961 - \$45,485	\$45,486 - \$49,440	\$49,441 - \$57,680	\$57,681 - \$65,920	Over \$65,920
7	Under \$37,140	\$37,141 - \$51,253	\$51,254 - \$55,710	\$55,711 - \$65,995	\$64,996 - \$74,280	Over \$74,280
8	Under \$41,320	\$41,321 - \$57,022	\$57,023 - \$61,980	\$61,981-\$72,310	\$72,311 - \$82,640	Over \$82,640
Each Added	\$4,180	\$5,768	\$6,270	\$7,315	\$8,360	\$8,360

Person add this amount to income levels

NOTE: Patients who qualify under the 75%, 50%, and 25% scales, above, will pay the the minimum fees, or the discounted bill, whichever is higher, as calculated.

***The Health Center reserves the right to modify these terms, as appropriate.**

MEDICAL MINIMUM FEES (APPLIES ONLY TO THOSE PATIENTS WHO QUALIFY FOR THE 100% DISCOUNT)

\$10 Minimum fee per visit with your provider

DENTAL MINIMUM FEES (APPLIES ONLY TO THOSE PATIENTS WHO QUALIFY FOR THE 100% DISCOUNT)

All dental patients must pay a \$20 minimum fee per visit at the Dental Center.

In addition to the minimum fee per visit:

- New patient exam & X-rays \$20
- Dental emergency exam \$20
- Cleaning \$20
- Established patient exam \$20
- Filling (per each tooth) \$20
- Extraction (pulling – per each tooth) \$20
- Scaling and root planing \$20 per quadrant (1/4 of your mouth)
- Dentures & partial plates \$50 prep. & fitting + lab fee of \$260 per plate
\$310 total for Upper or Lower denture (includes all visits)
\$620 total for both Upper and Lower dentures (includes all visits)
\$350 total for partial plate (includes all visits)
- Root canal \$60
- Crown \$250 (includes lab fees and 2 visits)

Any supplies or medicines given to you by the Health Center as part of your treatment, that are not included in the visit price, will be billed at Mascoma Health Center’s base cost, and must be paid for at the time of your visit, or, you must make a payment arrangement with our billing department. Please let us know if you are unable to pay a fee or make a payment plan, and we will discuss this with you.