

Petaluma Health Center - Dental Services
Sliding Fee Schedule *
July 1, 2019

Family Size	Annual Income	0.00% to 100.00%		>100.00% to 129.00%		>129.00% to 149.00%		>149.00% to 174.00%		>174.00% to 200.00%						
		Nominal Pays \$65		A - Pays 60%		B - Pays 70%		C - Pays 80%		D - Pays 90%						
1	\$12,490	\$0.00	-	\$12,490.00	\$12,490.01	-	\$16,112.10	\$16,112.11	-	\$18,610.10	\$18,610.11	-	\$21,732.60	\$21,732.61	-	\$24,980.00
2	\$16,910	\$0.00	-	\$16,910.00	\$16,910.01	-	\$21,813.90	\$21,813.91	-	\$25,195.90	\$25,195.91	-	\$29,423.40	\$29,423.41	-	\$33,820.00
3	\$21,330	\$0.00	-	\$21,330.00	\$21,330.01	-	\$27,515.70	\$27,515.71	-	\$31,781.70	\$31,781.71	-	\$37,114.20	\$37,114.21	-	\$42,660.00
4	\$25,750	\$0.00	-	\$25,750.00	\$25,750.01	-	\$33,217.50	\$33,217.51	-	\$38,367.50	\$38,367.51	-	\$44,805.00	\$44,805.01	-	\$51,500.00
5	\$30,170	\$0.00	-	\$30,170.00	\$30,170.01	-	\$38,919.30	\$38,919.31	-	\$44,953.30	\$44,953.31	-	\$52,495.80	\$52,495.81	-	\$60,340.00
6	\$34,590	\$0.00	-	\$34,590.00	\$34,590.01	-	\$44,621.10	\$44,621.11	-	\$51,539.10	\$51,539.11	-	\$60,186.60	\$60,186.61	-	\$69,180.00
7	\$39,010	\$0.00	-	\$39,010.00	\$39,010.01	-	\$50,322.90	\$50,322.91	-	\$58,124.90	\$58,124.91	-	\$67,877.40	\$67,877.41	-	\$78,020.00
8	\$43,430	\$0.00	-	\$43,430.00	\$43,430.01	-	\$56,024.70	\$56,024.71	-	\$64,710.70	\$64,710.71	-	\$75,568.20	\$75,568.21	-	\$86,860.00

For families/households with more than 8 persons, add \$4,420 to annual income for each additional person.

Para las familias y los hogares con más de 8 personas, agregue \$4,420 al ingreso anual por cada persona adicional.

For visits not covered by any special health coverage programs or insurance, we offer a discount based on your family size and gross income.

***Laboratory fees, medications and supplies are billed at our cost.**

No discounts may be provided to patients with incomes over 200% of the Federal poverty guidelines. Net charges in Categories A-D will always be greater than the nominal fee.

Payment is requested on date of service.

Federal Poverty Guidelines for January 11, 2019

Para visitas no cubiertas por ningún programa especial de cobertura de salud o seguro, ofrecemos un descuento basado en el tamaño de su familia y el ingreso bruto.

*** Los honorarios de laboratorio, medicamentos y suministros son facturados a nuestro costo.**

No podemos ofrecer descuentos a pacientes cuyos ingresos sobrepasan el 200% del nivel federal de pobreza. Los cargos actuales en las categorías A-D siempre serán sobrepasarán el cobro nominal.

Se solicita su pago en la fecha del servicio.

Niveles federales de pobreza efectivo el 11 de enero de 2019