

**Affinity Health Center 2018  
Discounted Fee Schedule for Dental Services for Community Health Center Patients  
Services will not be denied due to inability to pay.**

Number in Household	Annual At or below 100%	Scale 1 - Annual Income 101% - 125% Poverty Level	Scale 2 - Annual Income 126% - 150% Poverty	Scale 3 - Annual Income 151% - 175% Poverty	Scale 4 - Annual Income 176% - 200% Poverty	Scale 5 - Annual Income Above 200% Poverty
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<b>On-Site Nominal Fee \$15.00</b>	<b>On-Site Co-payment \$25.00</b>	<b>On-Site Co-payment \$30.00</b>	<b>On-Site Co-payment \$45.00</b>	<b>On-Site Co-payment \$55.00</b>	<b>Patient Pays 100%</b>
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1	\$12,140	\$12,141 - \$15,175	\$15,176 - \$18,210	\$18,211 - \$21,245	\$21,246 - \$24,280	\$24,281
2	\$16,460	\$16,461 - \$20,575	\$20,576 - \$24,690	\$24,691 - \$28,805	\$28,806 - \$32,920	\$32,921
3	\$20,780	\$20,781 - \$25,975	\$25,976 - \$31,170	\$31,171 - \$36,365	\$36,366 - \$41,560	\$41,561
4	\$25,100	\$25,101 - \$31,375	\$31,376 - \$37,650	\$37,651 - \$43,925	\$43,926 - \$50,200	\$50,201
5	\$29,420	\$29,421 - \$36,775	\$36,776 - \$44,130	\$44,131 - \$51,485	\$51,486 - \$58,840	\$58,841
6	\$33,740	\$33,741 - \$42,175	\$42,176 - \$50,610	\$50,611 - \$59,045	\$59,046 - \$67,480	\$67,481
7	\$38,060	\$38,061 - \$47,575	\$47,576 - \$57,090	\$57,091 - \$66,605	\$66,606 - \$76,120	\$76,121
8	\$42,380	\$42,381 - \$52,975	\$52,976 - \$63,570	\$63,571 - \$74,165	\$74,166 - \$84,760	\$84,761

Number in Household	Monthly Guidelines	Scale 1 - Monthly Income 101% - 125% Poverty Level	Scale 2 - Monthly Income 126% - 150% Poverty	Scale 3 - Monthly Income 151% - 175% Poverty	Scale 4 - Monthly Income 176% - 200% Poverty	Scale 5 - Monthly Income Above 200% Poverty
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1	\$1,011.67	\$1,011.68 - \$1,264.58	\$1,264.59 - \$1,517.50	\$1,517.51 - \$1,770.42	\$1,770.43 - \$2,023.33	\$2,023.34
2	\$1,371.67	\$1,371.68 - \$1,714.58	\$1,714.59 - \$2,057.50	\$2,057.51 - \$2,400.42	\$2,400.43 - \$2,743.33	\$2,743.34
3	\$1,731.67	\$1,731.68 - \$2,164.58	\$2,164.59 - \$2,597.50	\$2,597.51 - \$3,030.42	\$3,030.43 - \$3,463.33	\$3,463.34
4	\$2,091.67	\$2,091.68 - \$2,614.58	\$2,614.59 - \$3,137.50	\$3,137.51 - \$3,660.42	\$3,660.43 - \$4,183.33	\$4,183.34
5	\$2,451.67	\$2,451.68 - \$3,064.58	\$3,064.59 - \$3,677.50	\$3,677.51 - \$4,290.42	\$4,290.43 - \$4,903.33	\$4,903.34
6	\$2,811.67	\$2,811.68 - \$3,514.58	\$3,514.59 - \$4,217.50	\$4,217.51 - \$4,920.42	\$4,920.43 - \$5,623.33	\$5,623.34
7	\$3,171.67	\$3,171.66 - \$3,964.58	\$3,964.59 - \$4,757.50	\$4,757.51 - \$5,550.42	\$5,550.43 - \$6,343.33	\$6,343.34
8	\$3,531.67	\$3,531.68 - \$4,414.58	\$4,414.59 - \$5,297.50	\$5,297.51 - \$6,180.42	\$6,180.43 - \$7,063.33	\$7,063.34

**Income includes:** earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veteran's payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

\*\* Noncash benefits (such as food stamps and housing subsidies) **do not** count.

\*\* Calculations are before taxes.

\*\* Excludes capital gains or losses

\*\*\* Based on 2018 Federal Poverty Guidelines. Additional household members are calculated at \$4,320 per person.

\*\*\* Any patients withholding income verification will be assigned the full pay amount.