



# SLIDING FEE DENTAL DISCOUNT PROGRAM

We Make Healthy Smiles Happen

### **Dental Discount Program**

Our **Sliding Fee Dental Discount Program** is available for individuals and families who qualify based on income and family size. There are no monthly or annual fees. If eligible, you may qualify for up to one year and renew as necessary. Patients will not be denied services regardless of the inability to pay. You may qualify for a dental nominal fee of \$20 for Level 1 preventive services, and \$60 for additional Level 2 services. Dental discounts range between 20-50% of the total charges incurred.

## What does the Dental Sliding Fee Discount Program cover:

- Oral exams
- Radiographs (X-rays)
- · Oral prophylaxis
- Dental fluoride
- Varnish application
- Sealants
- Extractions
- · Restorative fillings
- Crowns
- Periodontal treatment
- Root canal therapy
- Dentures
- Partials

(If a dental service requires work from an outside lab, patients are responsible for the full cost of the outside lab fees, in addition to the nominal fee).

#### Locations

**San Luis:** 928.627.8584 **Somerton:** 928.627.8806

North Yuma: 928.329.5430

Wellton: 928.785.8008





Revised date: 02/05/2024

### **Applying for Enrollment**

Sliding Fee Requirements: 1- document for each category is required:

- Proof of Address: Electric, cable, water, garbage, gas bill, rent receipt, mortgage statement, etc.
- Proof of Identity: Passport, driver's license, voter ID, state, military, foreign country ID, Mexican consular, work visa.
- Unearned Income: Retirement, pension, TANF, child support, social security benefits, unemployment, self-attestation of income, selfemployed, alimony payments.
- Earned Income: Employment income for the last 30 days, and/or a recent income tax return.
- For children 18 years and under: Birth or adoption certificates are required as proof of identity.

There is no charge to apply for the Sliding Fee Discount Program. However, it is available only to those who meet the eligibility requirements.

We recommend all patients who meet the requirements to apply for the program, regardless of current insurance coverage, as they may still qualify for discounts on the balance due after insurance.

If you want more information about the Sliding Fee Discount Program, please ask to see our Eligibility Outreach Worker at any location. *To qualify an application must be completed.* 

#### **2023 Federal Poverty Level Guidelines:**

Family Size	Annual	Annual	Annual	Annual	Annual
	Income	Income	Income	Income	Income
Medical Payment	\$15	\$20	\$33	\$38	\$43
Behavioral Health	\$15	\$20	\$33	\$38	\$43
Dental Payment	Level 1 - \$20 Preventative Services Level 2 - \$60 Additional Services	50%	60%	70%	80%
Obstetrics (Antepartum Care Without Delivery)	\$400	\$500	\$600	\$700	\$800
1	0	14,581	18,371	21,870	25,515
	-	-	-	-	-
	14,580	18,370	21,869	25,514	29,159
2	0	19,721	24,847	29,580	34,510
	-	-	-	-	-
	19,720	24,846	29,579	34,509	39,439
3	0	24,861	31,324	37,290	43,505
	-	-	-	-	-
	24,860	31,323	37,289	43,504	49,719
4	0	30,001	37,800	45,000	52,500
	-	-	-	-	-
	30,000	37,799	44,999	52,499	59,999

- The Sliding Fee Discount Program must be updated yearly based on the most current Federal Poverty Guidelines.
- \*For families/households with more than 12 persons, add \$5,140 for each additional person.