

**Summit County Public Health
Clinic and Dental Services
Sliding Fee Scale -Effective March 1, 2017**

Annual Income for Sliding Fee Scale Consideration							
Poverty Level*		At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Income	Charge					
		Nominal Fee (\$25.00)	20% pay	40% pay	60% pay	80% pay	100% pay
1	Annual	0-\$11,880	\$11,881-\$14,850	\$14,851-\$17,820	\$17,821-\$20,790	\$20,791-\$23,760	\$23,761 +
2	Annual	0-\$16,020	\$16,021-\$20,025	\$20,026-\$24,030	\$24,031-\$28,035	\$28,036-\$32,040	\$32,041+
3	Annual	0-\$20,160	\$20,161-\$25,200	\$25,201-\$30,240	\$30,241-\$35,280	\$35,281-\$40,320	\$40,321+
4	Annual	0-\$24,300	\$24,301-\$30,375	\$30,376-\$36,450	\$36,451-\$42,525	\$42,526-\$48,600	\$48,601+
5	Annual	0-\$28,440	\$28,441-\$35,550	\$35,551-\$42,660	\$42,661-\$49,770	\$49,771-\$56,880	\$56,881+
6	Annual	0-\$32,580	\$32,581-\$40,725	\$40,726-\$48,870	\$48,871-\$57,015	\$57,016-\$65,160	\$65,161+
7	Annual	0-\$36,730	\$36,731-\$45,913	\$45,914-\$55,095	\$55,096-\$64,278	\$64,279-\$73,460	\$73,461+
8	Annual	0-\$40,890	\$40,891-\$51,113	\$51,114-\$61,335	\$61,336-\$71,558	\$71,559-\$81,780	\$81,781+
For each additional person, add		\$4,160	\$5,200	\$6,240	\$7,280	\$8,320	\$8,320

* Based on 2017 Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty>)

Exclusions and discount limits may apply. See Summit County Public Health Medical and Dental Fee Policy for details.

Exclusions and Limitations:

- Sliding Sliding Fee Discount Program only applies to services provided by our clinic. Outside lab services billed by our clinic may be reduced but will not be charged at less than our cost
- Dental services are not discounted below 20% of actual fees regardless of income eligibility. An individual services minimum fee of \$25.00 applies
- Dentures, Crowns and Bridge Work (and associated repairs) will not be discounted below 60% of actual charges due to time involved and lab costs.
- All laboratory fees and extractions must be paid in full prior to the seating (placement) of dentures.
- The services listed below may not be discounted any lower than the fee to the right regardless of income:

Extractions-non-surgical (per tooth)	\$30.00
Cleaning, exam and diagnostic x-rays (bitewings only)	\$45.00
Emergency walk-in exam, x-ray and extraction	\$65.00
- Adult vaccines and elective procedures (those that are not medically necessary) are excluded from the sliding fee discount program.
- The sliding fee discount program does not apply to out-of-county residents.