

Family Size

Minimum Patient Payment Amount	Monthly Income	1	2	3	4	5	6
NOMINAL FEE Medical Office visit \$10 *50% Off Dental Services		\$0 - \$990	\$0 - \$1,335	\$0 - \$1,680	\$0 - \$2,025	\$0 - \$2,370	\$0 - \$2,715
Medical Office visit \$20 *45% Off Dental Services		\$991 - \$1,317	\$1,336 - \$1,776	\$1,681 - \$2,234	\$2,026 - \$2,693	\$2,371 - \$3,152	\$2,716 - \$3,611
Medical Office visit \$30 *35% Off Dental Services		\$1,318 - \$1,643	\$1,777 - \$2,216	\$2,235 - \$2,789	\$2,694 - \$3,362	\$3,153 - \$3,934	\$3,612 - \$4,507
Medical Office visit \$40 *25% Off Dental Services		\$1,644 - \$1,980	\$2,217 - \$2,670	\$2,790 - \$3,360	\$3,363 - \$4,050	\$3,935 - \$4,740	\$4,508 - \$5,430
Self Pay		Above \$1,980	Above \$2,670	Above \$3,360	Above \$4,050	Above \$4,740	Above \$5,430

*Discount on regular dental service fees. *Ask about our OB packages.

September 2016

Tests and procedures will be in addition to office visit amount and discounted based on test/procedure provided.

The Sliding Fee Scale is not insurance but rather a discount program for North Country HealthCare services only and does not qualify for the Affordable Care Act.