

## Family Size

Minimum Patient Payment Amount	Income	1	2	3	4	5
\$25 * 50% Off Dental		\$0 - \$981	\$0 - \$1,328	\$0 - \$1,674	\$0 - \$2,021	\$0 - \$2,368
\$30 * 45% Off Dental		\$982 - \$1,305	\$1,329 - \$1,766	\$1,675 - \$2,227	\$2,022 - \$2,688	\$2,369 - \$3,149
\$35 * 35% Off Dental		\$1,306 - \$1,628	\$1,767 - \$2,204	\$2,228 - \$2,779	\$2,689 - \$3,355	\$3,150 - \$3,930
\$50 * 25% Off Dental		\$1,629 - \$1,962	\$2,205 - \$2,655	\$2,780 - \$3,348	\$3,356 - \$4,042	\$3,931 - \$4,735
Self Pay		Above \$1,962	Above \$2,655	Above \$3,348	Above \$4,042	Above \$4,735

April 2015

\*Discount on regular dental service fees. \*Ask about our OB packages, behavioral health & lab discounts .  
Tests & procedures will be in addition to office visit amount & discounted based on test/procedure provided.