

Minimum Patient Payment Amount	Family Size					
	1	2	3	4	5	6
NOMINAL FEE Medical Office Visit \$10 *50% Off Dental Services	\$0 - \$1005	\$0 - \$1,353	\$0 - \$1,702	\$0 - \$2,050	\$0 - \$2,398	\$0 - \$2,747
Medical Office Visit \$20 *45% Off Dental Services	\$1,006 - \$1,337	\$1,354 - \$1,800	\$1,703 - \$2,263	\$2,051 - \$2,727	\$2,399 - \$3,190	\$2,748 - \$3,653
Medical Office Visit \$30 *35% Off Dental Services	\$1,338 - \$1,668	\$1,801 - \$2,247	\$2,264 - \$2,825	\$2,728 - \$3,403	\$3,191 - \$3,981	\$3,654 - \$4,559
Medical Office Visit \$40 *25% Off Dental Services	\$1,669 - \$2,010	\$2,248 - \$2,707	\$2,826 - \$3,403	\$3,404 - \$4,100	\$3,982 - \$4,797	\$4,560 - \$5,493
Self Pay	Above \$2,010	Above \$2,707	Above \$3,403	Above \$4,100	Above \$4,797	Above \$5,493

Monthly Income

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

April 2017

**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.**