

Minimum Patient Payment Amount	Family Size						
	1	2	3	4	5	6	
NOMINAL FEE Medical Office Visit \$10 Dental & OB Packages*	Monthly Income	\$0 - \$1,063	\$0 - \$1,437	\$0 - \$1,810	\$0 - \$2,183	\$0 - \$2,557	\$0 - \$2,930
Medical Office Visit \$20 Dental & OB Packages*		\$1,064 - \$1,414	\$1,438 - \$1,911	\$1,811 - \$2,407	\$2,184 - \$2,904	\$2,558 - \$3,400	\$2,931 - \$3,897
Medical Office Visit \$30 Dental & OB Packages*		\$1,415 - \$1,765	\$1,912 - \$2,385	\$2,408 - \$3,005	\$2,905 - \$3,624	\$3,401 - \$4,244	\$3,898 - \$4,864
Medical Office Visit \$40 Dental & OB Packages*		\$1,766 - \$2,127	\$2,386 - \$2,873	\$3,006 - \$3,620	\$3,625 - \$4,367	\$4,245 - \$5,113	\$4,865 - \$5,860
Self Pay		Above \$2,128	Above \$2,874	Above \$3,621	Above \$4,368	Above \$5,114	Above \$5,861

April 2020

**Ask about our dental fee schedule and OB packages.*

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.