

Minimum Patient Payment Amount	Family Size					
	1	2	3	4	5	6
NOMINAL FEE Medical Office Visit \$20 Dental Services \$40	\$0 - \$1,133	\$0 - \$1,526	\$0 - \$1,919	\$0 - \$2,313	\$0 - \$2,706	\$0 - \$3,099
Medical Office Visit \$30 Dental Services 33% (minimum \$41)	\$1,134 - \$1,506	\$1,527 - \$2,029	\$1,920 - \$2,552	\$2,314 - \$3,076	\$2,707 - \$3,599	\$3,100 - \$4,122
Medical Office Visit \$35 Dental Services 50% (minimum \$41)	\$1,507 - \$1,880	\$2,030 - \$2,533	\$2,553 - \$3,186	\$3,077 - \$3,839	\$3,600 - \$4,492	\$4,123 - \$5,145
Medical Office Visit \$40 Dental Services 67% (minimum \$41)	\$1,881 - \$2,265	\$2,534 - \$3,052	\$3,187 - \$3,838	\$3,840 - \$4,625	\$4,493 - \$5,412	\$5,146 - \$6,198
Self Pay	Above \$2,265	Above \$3,052	Above \$3,838	Above \$4,625	Above \$5,412	Above \$6,198

Monthly Income

April 2022

Lab fees, supplies and equipment will be an addition to medical or dental visit amount. Patient will be informed of out of pocket cost prior to service performed. The Sliding Fee Scale is not insurance but rather a discount program for North Country HealthCare services only.