

**Minimum Patient Payment Amount**

**Family Size**

Monthly Income	Family Size					
	1	2	3	4	5	6
<b>NOMINAL FEE</b> Medical Office visit \$20 Dental Services \$40	\$0-\$1,215	\$0 - \$1,643	\$0 - \$2,072	\$0 - \$2,500	\$0 - \$2,928	\$0 - \$3,357
Medical Office visit \$30 Dental Services 33% (minimum \$41)	\$1,216-\$1,616	\$1,644-\$2,186	\$2,073- \$2,755	\$2,501 - \$3,325	\$2,929- \$3,895	\$3,358 - \$4,464
Medical Office visit \$35 Dental Services 50% (minimum \$41)	\$1,616-\$2,017	\$2,187 - \$2,728	\$2,756 - \$3,439	\$3,326 - \$4,150	\$3,896 - \$4,861	\$4,465- \$5,572
Medical Office visit \$40 Dental Services 67% (minimum \$41)	\$2,018-\$2,430	\$2,729 - \$3,287	\$3,440 - \$4,143	\$4,151 - \$5,000	\$4,862 - \$5,857	\$5,573- \$6,713
Self Pay	Above \$2,430	Above \$3,287	Above \$4,143	Above \$5,000	Above \$5,857	Above \$6,713

April 2023

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.