



## MASCOMA COMMUNITY HEALTH CENTER

### Sliding Scale Discount Schedule

FIND INCOME LEVEL AFTER FINDING CORRECT ROW FOR FAMILY SIZE

Family Size	100% Discount Except for Minimum Fees Below		75% Discount Subject to Minimum Fees Below	50% Discount Subject to Minimum Fees Below	25% Discount Subject to Minimum Fees Below	0% Discount
	1	Under \$12,060	\$12,061-\$16,643	\$16,644 - \$18,090	\$18,091 - \$21,105	\$21,108 - \$24,120
2	Under \$16,240	\$16,240-\$22,411	\$22,412 - \$24,360	\$24,361 - \$28,420	\$28,421 - \$32,480	Over \$32,480
3	Under \$20,420	\$20,421-\$28,180	\$28,180 - \$30,630	\$30,631 - \$35,735	\$35,736 - \$40,840	Over \$40,840
4	Under \$24,600	\$24,601 - \$33,948	\$33,949 - \$36,900	\$36,901 - \$43,050	\$43,051- \$49,200	Over \$49,200
5	Under \$28,780	\$28,781-\$39,716	\$39,717 - \$43,170	\$43,171 - \$50,365	\$50,366-\$57,560	Over \$57,560
6	Under \$32,960	\$32,961 - \$45,485	\$45,486 - \$49,440	\$49,441 - \$57,680	\$57,681 - \$65,920	Over \$65,920
7	Under \$37,140	\$37,141 - \$51,253	\$51,254 - \$55,710	\$55,711 - \$65,995	\$64,996 - \$74,280	Over \$74,280
8	Under \$41,320	\$41,321 - \$57,022	\$57,023 - \$61,980	\$61,981-\$72,310	\$72,311-\$82,640	Over \$82,640
Each Added Person	\$4,180	\$5,768	\$6,270	\$7,315	\$8,360	\$8,360

Person add this amount to income levels

**NOTE that patients must pay the higher of these minimum fees or the discounted bill as calculated under the 75%, 50% and 25% discounts.**

**The Health Center reserves the right to modify these terms as appropriate**

#### MEDICAL MINIMUM FEES

\$10 Minimum Fee for a single visit

Any goods, services or pharmaceuticals administered by the Health Center that are provided by an outside party will be billed at Mascoma Health Center's cost and must be paid for at the time of service.

Fees must be paid for at the time of visit, or before the next visit, or by payment plan that the patient abides by or by a third party donation.

#### DENTAL MINIMUM FEES

\$10 Minimum Fee for up to a 1 hour visit. Emergency exam is 1 visit. Follow-up to Emergency Exam is 1 visit.

An initial cleaning is a single \$10 visit. An initial xray and exam is 1 visit.

Fillings for up to 2 teeth would be 1 visit. Extracting of up to 2 teeth would be a single \$10 visit.

Scaling and root planning will be \$10 per quadrant (1/4) of your mouth.

Preparation and fitting of dentures and partial plates will have a minimum fee of \$50 for dentist time. There will also be an additional lab fee of \$260 per plate or \$520 per complete denture for lab manufacture of a denture. A partial plate would have a lab fee of \$200 in addition to the minimum \$50 dentist fee.

A root canal would have a minimum fee of \$30. A crown would have a minimum fee of \$20 for dentist time and \$140 for lab manufacture of the crown.

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