



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	Over \$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: Patients who qualify under the 75%, 50%, and 25% scales, above, will pay the the **minimum fees, or the discounted bill, whichever is higher, as calculated.**

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

MEDICAL MINIMUM FEES (APPLIES ONLY TO THOSE PATIENTS WHO QUALIFY FOR THE 100% DISCOUNT)

\$10. Minimum fee per visit with your provider

Any supplies, services, or medicines given to you by the Health Center as part of your treatment, that are not included in the visit price, will be billed at Mascoma Health Center's base cost, and must be paid for at the time of your visit, or, you must make a payment arrangement with our billing department. Please let us know if you are unable to pay a fee or make a payment plan, and we will discuss this with you.

DENTAL MINIMUM FEES (APPLIES ONLY TO THOSE PATIENTS WHO QUALIFY FOR THE 100% DISCOUNT)

Everyone must pay a \$10 Minimum Fee per visit at the Dental Center.

Examples of this would be:

- Dental Emergency Exam
- Follow up to Emergency Exam
- Initial Cleaning and X-ray
- Fillings for 2 teeth
- Extraction (Pulling) of up to 2 teeth

Examples of some other minimum dental fees are:

- Scaling and root planing - \$10 per quadrant (1/4) of your mouth
- Dentures & Partial plates - Prep. & Fitting -\$50 + Lab Fee \$260. per plate
- \$520. Total for upper and lower set of dentures
- \$250. Total for partial plate
- Root canal - \$30.
- Crown - \$160. (includes lab fees)

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