



**Sliding Fee Scale Discounts at The Wright Center for Community Health
Based on Federal Poverty Guidelines 2018**

The Wright Center for Community Health Practice site staff is available to assist patients in determining if they are eligible for health benefits coverage options. These options may include sliding fee scale discounts, special grant-provided services or public-funded health care coverage such as Medicaid. In many cases, the Wright Center for Community Health site staff can assist qualifying patients in enrollment.

The Wright Center for Community Health offers discounted dental service fees for qualified patients. Eligibility is based on family (or household) income and size. Discounts are applied to balances due. To determine eligibility we need the following information:

- Completed sliding fee application
- Proof of income for each member of household (See application for acceptable proofs of income)

Discount levels for qualifying patients based upon family size and income are shown below.

Based on 2018 Federal Poverty Guidelines

Family Size	Nominal Fee*		80% Discount		60% Discount		40% Discount		20% Discount		Not Eligible for Sliding Fee
	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below	Above
1	\$0	- \$12,140	\$12,141 - \$15,175		\$15,176 - \$18,210		\$18,211 - \$21,245		\$21,246 - \$24,280		\$24,281+
2	\$0	- \$16,460	\$16,461 - \$20,575		\$20,576 - \$24,690		\$24,691 - \$28,805		\$28,806 - \$32,920		\$32,921+
3	\$0	- \$20,780	\$20,781 - \$25,975		\$25,976 - \$31,170		\$31,171 - \$36,365		\$36,366 - \$41,560		\$41,561+
4	\$0	- \$25,100	\$25,101 - \$31,375		\$31,376 - \$37,650		\$37,651 - \$43,925		\$43,926 - \$50,200		\$50,201+
5	\$0	- \$29,420	\$29,421 - \$36,775		\$36,776 - \$44,130		\$44,131 - \$51,485		\$51,486 - \$58,840		\$58,841+
6	\$0	- \$33,740	\$33,741 - \$42,175		\$42,176 - \$50,610		\$50,611 - \$59,045		\$59,046 - \$67,480		\$67,481+
7	\$0	- \$38,060	\$38,061 - \$47,575		\$47,576 - \$57,090		\$57,091 - \$66,605		\$66,606 - \$76,120		\$76,121+
8*	\$0	- \$42,380	\$42,381 - \$52,975		\$52,976 - \$63,570		\$63,571 - \$74,165		\$74,166 - \$84,760		\$84,761+
FPL	< 100%		125%		150%		175%		200%		Above 200%

Note: For Family units more than 8 members, add \$4,320 for each additional member

***Patients under 100% of FPL will be charged nominal fee of \$5.00**



Sliding Fee Scale Discounts at The Wright Center for Community Health Dental Services Based on Federal Poverty Guidelines 2018

The Wright Center for Community Health Practice site staff is available to assist patients in determining if they are eligible for health benefits coverage options. These options may include sliding fee scale discounts, special grant-provided services or public-funded health care coverage such as Medicaid. In many cases, the Wright Center for Community Health site staff can assist qualifying patients in enrollment.

The Wright Center for Community Health offers discounted dental service fees for qualified patients. Eligibility is based on family (or household) income and size. Discounts are applied to balances due. To determine eligibility we need the following information:

- Completed sliding fee application
- Proof of income for each member of household (See application for acceptable proofs of income)

Discount levels for qualifying patients based upon family size and income are shown below.

Based on 2018 Federal Poverty Guidelines

Family Size	Nominal Fee*		80% Discount		60% Discount		40% Discount		20% Discount		Not Eligible for Sliding Fee
	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below	Above
1	\$0	- \$12,140	\$12,141	- \$15,175	\$15,176	- \$18,210	\$18,211	- \$21,245	\$21,246	- \$24,280	\$24,281+
2	\$0	- \$16,460	\$16,461	- \$20,575	\$20,576	- \$24,690	\$24,691	- \$28,805	\$28,806	- \$32,920	\$32,921+
3	\$0	- \$20,780	\$20,781	- \$25,975	\$25,976	- \$31,170	\$31,171	- \$36,365	\$36,366	- \$41,560	\$41,561+
4	\$0	- \$25,100	\$25,101	- \$31,375	\$31,376	- \$37,650	\$37,651	- \$43,925	\$43,926	- \$50,200	\$50,201+
5	\$0	- \$29,420	\$29,421	- \$36,775	\$36,776	- \$44,130	\$44,131	- \$51,485	\$51,486	- \$58,840	\$58,841+
6	\$0	- \$33,740	\$33,741	- \$42,175	\$42,176	- \$50,610	\$50,611	- \$59,045	\$59,046	- \$67,480	\$67,481+
7	\$0	- \$38,060	\$38,061	- \$47,575	\$47,576	- \$57,090	\$57,091	- \$66,605	\$66,606	- \$76,120	\$76,121+
8*	\$0	- \$42,380	\$42,381	- \$52,975	\$52,976	- \$63,570	\$63,571	- \$74,165	\$74,166	- \$84,760	\$84,761+
FPL	< 100%		125%		150%		175%		200%		Above 200%

Note: For Family units more than 8 members, add \$4,320 for each additional member

***Patients under 100% of FPL will be charged nominal fee of \$10.00**