



**Dental Sliding Fee Discount Schedule at The Wright Center for Community Health (TWCCCH)  
Based on Federal Poverty Guidelines 2019**

The Wright Center for Community Health staff is available to assist patients in determining if they are eligible for dental benefits coverage options. These options may include discounts on amounts due to TWCCCH for services provided, based on the patient's household income and size, and eligibility for special grant-provided services or public-funded health care coverage such as Medicaid. In many cases, The Wright Center for Community Health can also assist qualifying patients in the enrollment process for certain benefits and coverage. **All patients will be provided access to care regardless of their ability to pay.**

To determine eligibility for discounts on dental services, The Wright Center for Community Health uses the Federal Poverty Guidelines (see chart below). We also need the following information:

**Completed sliding fee application**

**Proof of income for each member of household** (see application for acceptable documents)

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

**Based on 2019 Federal Poverty Guidelines (% of discount on balances due)**

Family Size	Nominal Fee*		80% Discount		60% Discount		40% Discount		20% Discount		Not Eligible for Sliding Fee Discount
	Above	At or Below	Above	At or Below	Above	At or Below	Above	At or Below	Above	At or Below	
1	\$0	- \$12,490	\$12,490	- \$15,613	\$15,613	- \$18,735	\$18,735	- \$21,245	\$21,245	- \$24,980	\$24,980
2	\$0	- \$16,910	\$16,910	- \$21,138	\$21,138	- \$25,365	\$25,365	- \$28,805	\$28,805	- \$33,820	\$33,820
3	\$0	- \$21,330	\$21,330	- \$26,663	\$26,663	- \$31,995	\$31,995	- \$36,365	\$36,365	- \$42,660	\$42,660
4	\$0	- \$25,750	\$25,750	- \$32,188	\$32,188	- \$38,625	\$38,625	- \$43,925	\$43,925	- \$51,500	\$51,500
5	\$0	- \$30,170	\$30,170	- \$37,713	\$37,713	- \$45,255	\$45,255	- \$51,485	\$51,485	- \$60,340	\$60,340
6	\$0	- \$34,590	\$34,590	- \$43,238	\$43,238	- \$51,885	\$51,885	- \$59,045	\$59,045	- \$69,180	\$69,180
7	\$0	- \$39,010	\$39,010	- \$48,763	\$48,763	- \$58,515	\$58,515	- \$66,605	\$66,605	- \$78,020	\$78,020
8*	\$0	- \$43,430	\$43,430	- \$54,288	\$54,288	- \$65,145	\$65,145	- \$74,165	\$74,165	- \$86,860	\$86,860
<b>FPL</b>	<b>&lt; 100%</b>		<b>125%</b>		<b>150%</b>		<b>175%</b>		<b>200%</b>		<b>Above 200%</b>

Note: For Family units more than 8 members, add \$4,420 for each additional member

**\*Patients under 100% of the 2019 Federal Poverty Guidelines will be charged nominal fee of \$10.00**