



No Insurance? No Problem.

¿No tiene seguro medico? No hay problema.

Discounted fees are available for those who qualify.
(Existen programa descuento para los que califiquen.)

DENTAL - DENTAL PROCEDURE FEES

Discount Services Fee Scale - Percentage of Maximum Charge Based on Family Income and Size

Payment Category Code	A	B	C	D	E
CHARGE BASED ON EACH DENTAL PROCEDURE (NC Medicaid Fee Schedule)	60%	70%	80%	90%	95%
Annual Income					
Family Size	100% FPGL	101-125% FPGL	126-150% FPGL	151-175% FPGL	176-200% FPGL
	Less than or equal to	Less than or equal to	Less than or equal to	Less than or equal to	Less than or equal to
1	\$ 14,580	\$ 18,225	\$ 21,870	\$ 25,515	\$ 29,160
2	\$ 19,720	\$ 24,650	\$ 29,580	\$ 34,510	\$ 39,440
3	\$ 24,860	\$ 31,075	\$ 37,290	\$ 43,505	\$ 49,720
4	\$ 30,000	\$ 37,500	\$ 45,000	\$ 52,500	\$ 60,000
5	\$ 35,140	\$ 43,925	\$ 52,710	\$ 61,495	\$ 70,280
6	\$ 40,280	\$ 50,350	\$ 60,420	\$ 70,490	\$ 80,560
7	\$ 45,420	\$ 56,775	\$ 68,130	\$ 79,485	\$ 90,840
8	\$ 50,560	\$ 63,200	\$ 75,840	\$ 88,480	\$ 101,120

For families/households with more than 8 persons, **add \$5,140 for each additional person.**

SPECIAL NOTE: CHARGES ARE FOR EACH DENTAL PROCEDURE