



**No Insurance? No Problem.
¿No tiene seguro medico? No hay problema.**

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

DENTAL - DENTAL PROCEDURE FEES

DENTAL- TARIFAS PARA PROCEDIMIENTOS DENTALES

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

Escala de tarifas descontadas- Se cobra un porcentaje de la factura máxima dependiendo el tamaño de la familia y los ingresos del hogar.

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/Ingresos Anuales					
Family Size/Tamaño de Familia	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	\$ 15,960	\$ 19,950	\$ 23,940	\$ 27,930	\$ 31,920
2	\$ 21,640	\$ 27,050	\$ 32,460	\$ 37,870	\$ 43,280
3	\$ 27,320	\$ 34,150	\$ 40,980	\$ 47,810	\$ 54,640
4	\$ 33,000	\$ 41,250	\$ 49,500	\$ 57,750	\$ 66,000
5	\$ 38,680	\$ 48,350	\$ 58,020	\$ 67,690	\$ 77,360
6	\$ 44,360	\$ 55,450	\$ 66,540	\$ 77,630	\$ 88,720
7	\$ 50,040	\$ 62,550	\$ 75,060	\$ 87,570	\$ 100,080
8	\$ 55,720	\$ 69,650	\$ 83,580	\$ 97,510	\$ 111,440

For families/households with more than 8 persons, **add \$5,500 for each additional person.**
Para familias/hogares que tengan más de 8 personas, **añada \$5,500 por cada persona adicional**

SPECIAL NOTE: CHARGES ARE FOR EACH DENTAL PROCEDURE
NOTA ESPECIAL: SE COBRA POR CADA PROCEDIMIENTO DENTAL