



**DAILY PLANET HEALTH CARE CENTER
SLIDING FEE SCHEDULE**
Effective April 3, 2017

Percent Poverty Level	FPL 0 - 100%	101- 125%	126- 150%	151%- 200%	>200%
DENTAL SERVICES					
	<i>Nominal Fee</i>	<i>SLIDE A</i>	<i>SLIDE B</i>	<i>SLIDE C</i>	Full Fee
	\$50.00	60%	70%	80%	100%
MEDICAL SERVICES					
	<i>Nominal Fee</i>	<i>SLIDE A</i>	<i>SLIDE B</i>	<i>SLIDE C</i>	Full Fee
	\$10.00	\$15.00	\$20.00	\$30.00	
VISION CARE					
	<i>Nominal Fee</i>	<i>SLIDE A</i>	<i>SLIDE B</i>	<i>SLIDE C</i>	Full Fee
	\$40.00	\$55.00	\$65.00	\$80.00	
MENTAL HEALTH SERVICES					
	<i>Nominal Fee</i>	<i>SLIDE A</i>	<i>SLIDE B</i>	<i>SLIDE C</i>	Full Fee
Initial (ea. Calendar Month)	\$10.00	\$15.00	\$20.00	\$30.00	
2nd Visit (ea. Calendar Month)	\$5.00	\$10.00	\$15.00	\$25.00	
3rd Visit (ea. Calendar Month)	\$5.00	\$5.00	\$5.00	\$5.00	
All other Visits (ea. Calendar Month)	\$5.00	\$5.00	\$5.00	\$5.00	

Full Discount available for persons with incomes below 100% FPL

DISCOUNT FOR MULTIPLE BEHAVIORAL HEALTH VISITS ---WITHIN A CALENDAR MONTH--- SLIDE REDUCED BY \$5.00 PER VISIT

The Daily Planet uses 2017 HHS Poverty Guidelines in determining percent of poverty. eClinicalWorks (EMR) automatically calculates and assigns a slide based on income entered.

2017 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,180 for each additional person.	
1	\$12,060
2	16,240
3	20,420
4	24,600
5	28,780
6	32,960
7	37,140
8	41,320

Board Chair

Date