



## DAILY PLANET HEALTH SERVICES SLIDING FEE DISCOUNT SCHEDULE

Effective March 1, 2021

Percent Poverty Guideline	0 - 100%	101-125%	126- 150%	151%- 200%	>200%
<b>MEDICAL SERVICES</b>					
	<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	100%
<b>BEHAVIORAL HEALTH</b>					
	<i>Nominal Fee</i>	<i>SLIDE A</i>	<i>SLIDE B</i>	<i>SLIDE C</i>	Full Fee
	\$5.00	\$10.00	\$15.00	\$25.00	100%
<b>PREVENTIVE DENTAL</b>					
	<i>Nominal Fee</i>	<i>SLIDE A</i>	<i>SLIDE B</i>	<i>SLIDE C</i>	Full Fee
	\$50.00	60%	70%	80%	100%
<i>ADDITIONAL DENTAL SERVICES - See supplemental sliding fee schedule</i>					
<b>VISION CARE *</b>					
	<i>Nominal Fee</i>	<i>SLIDE A</i>	<i>SLIDE B</i>	<i>SLIDE C</i>	Full Fee
	\$55.00	\$70.00	\$80.00	\$95.00	100%
<p>*Vision care includes eye exam and basic corrective lenses</p> <p>Full Discount available for persons experiencing homelessness and those with incomes below 100% FPG</p>					

The Daily Planet uses 2021 HHS Poverty Guidelines in determining percent of poverty. EClinicalWorks (EHR) automatically calculates and assigns a slide based on income entered.

2021 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 \$4,540 for each additional person.	
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660



**DAILY PLANET HEALTH SERVICES  
SLIDING FEE DISCOUNT SCHEDULE  
FOR  
ADDITIONAL DENTAL SERVICES**

Effective March 1, 2021

<b>Percent Poverty Guideline</b>	<b>0 - 100%</b>	<b>101-125%</b>	<b>126- 150%</b>	<b>151%- 200%</b>	<b>&gt;200%</b>
<b>ADDITIONAL DENTAL SERVICES</b>					
	<b><i>Nominal Fee</i></b>	<b><i>SLIDE A</i></b>	<b><i>SLIDE B</i></b>	<b><i>SLIDE C</i></b>	<b>Full Fee</b>
Restorative- (e.g., Fillings)	\$60.00	60%	70%	80%	100%
Oral Surgery (e.g., Extractions)	\$60.00	60%	70%	80%	100%
Endodontics (Root Canals)	\$60.00	60%	70%	80%	100%
Pedodontics (Dental tx. for children)	\$60.00	60%	70%	80%	100%
	<b><i>Nominal Fee</i></b>	<b><i>SLIDE A</i></b>	<b><i>SLIDE B</i></b>	<b><i>SLIDE C</i></b>	<b>Full Fee</b>
Removable (Dentures)	\$80.00/visit + lab cost *	60%	70%	80%	100%
Removable Adjustments (Partial Denture adjustments)	\$25	60%	70%	80%	100%
	<b><i>Nominal Fee</i></b>	<b><i>SLIDE A</i></b>	<b><i>SLIDE B</i></b>	<b><i>SLIDE C</i></b>	<b>Full Fee</b>
Fixed (Crowns, Bridges)	\$175.00/visit + lab cost*	60%	70%	80%	100%

\*Removeable and Fixed Dentistry treatment utilize a dental laboratory. All laboratory fees will be the responsibility of the patient in addition to the nominal fee.

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