



DAILY PLANET HEALTH SERVICES SLIDING FEE DISCOUNT SCHEDULE

Effective January 13, 2022

Percent Poverty Guideline	0 - 100%	101-125%	126- 150%	151%- 200%	>200%
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	100%
BEHAVIORAL HEALTH					
	<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%
PREVENTIVE DENTAL					
	<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>					
VISION CARE *					
	<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%

*Vision care includes eye exam and basic corrective lenses

Full Discount available for persons experiencing homelessness and those with incomes below 100% FPG

The Daily Planet uses 2022 HHS Poverty Guidelines in determining percent of poverty. EClinicalWorks (EHR) automatically calculates and assigns a slide based on income entered.

2022 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 \$4,720 for each additional person.	
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630



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

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ADDITIONAL DENTAL SERVICES					
	<i>Nominal Fee</i>	<i>SLIDE A</i>	<i>SLIDE B</i>	<i>SLIDE C</i>	Full Fee
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%
ADDITIONAL DENTAL SERVICES					
	<i>Nominal Fee</i>	<i>SLIDE A</i>	<i>SLIDE B</i>	<i>SLIDE C</i>	Full Fee
Removable (Dentures)	\$80.00/visit + lab cost *	60%	70%	80%	100%
Removable Adjustments (Partial Denture adjustments)	\$25	60%	70%	80%	100%
ADDITIONAL DENTAL SERVICES					
	<i>Nominal Fee</i>	<i>SLIDE A</i>	<i>SLIDE B</i>	<i>SLIDE C</i>	Full Fee
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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