

NORTHWEST HEALTH SERVICES, INC.

SLIDING FEE DISCOUNT TABLE 2008 – DENTAL

		<100% of Poverty Level	100-150% of Poverty Level	151-200% of Poverty Level	>200%	
		<i>Adults: Copay \$20 (Below 19 yr/Copay\$0)</i>		<i>Copay \$30.00</i>	<i>Copay \$40.00</i>	<i>Patient Pays 100%</i>
POVERTY LEVEL	Family Size	SF Plan 6084	SF Plan 6085	SF Plan 6086		
10,400	1	0 to 10,400	10,401 15,600	15,601 20,800	Over 20,801	
14,000	2	0 to 14,000	14,001 21,000	21,001 28,000	Over 28,001	
17,600	3	0 to 17,600	17,601 26,400	26,401 35,200	Over 35,201	
21,200	4	0 to 21,200	21,201 31,800	31,801 42,400	Over 42,401	
24,800	5	0 to 24,800	24,801 37,200	37,201 49,600	Over 49,601	
28,400	6	0 to 28,400	28,401 42,600	42,601 56,800	Over 56,801	
32,000	7	0 to 32,000	32,001 48,000	48,001 64,000	Over 64,001	
35,600	8 *	0 to 35,600	35,601 53,400	53,401 71,200	Over 71,201	

* For family units with more than 8 members, add \$3,600 for each additional member.

Discounted fees are contingent upon **proof of income** and cannot be authorized without such proof. Completed income tax returns are the **preferred** acceptable proof of income. Any **variances** from this policy must be approved by the Sliding Fee Specialist in advance.