

**Greater New Bedford Community Health Center**  
**SLIDING FEE DISCOUNT SCHEDULE - DENTAL**  
**BASED ON THE 2019 FEDERAL POVERTY LEVEL**  
**ALL FQHC ELIGIBLE PATIENTS**

Effective 2/27/19

CATEGORY	SLIDE >	SLIDE A	SLIDE B	SLIDE C	SLIDE D	SLIDE E	SLIDE F
		100%	125%	150%	175%	200%	200%
	FPL >	0-100%	101-125%	126-150%	151-175%	175-200%	Over 200%
FAMILY SIZE	DISCOUNT >	\$35 Fixed Payment = to or Less Than	\$45 Fixed Payment = to or Less Than	\$55 Fixed Payment = to or Less Than	\$65 Fixed Payment = to or Less Than	\$75 Fixed Payment = to or Less Than	No Discount Pay Charges OVER
<b>1</b>	<b>Annual (up to)</b>	\$ <b>12,490</b>	\$ <b>15,613</b>	\$ <b>18,735</b>	\$ <b>21,858</b>	\$ <b>24,980</b>	\$ <b>24,980</b>
	Monthly	\$ 1,041	\$ 1,301	\$ 1,561	\$ 1,821	\$ 2,082	\$ 2,082
	Weekly	\$ 240	\$ 300	\$ 360	\$ 420	\$ 480	\$ 480
	Hourly	\$ 6.00	\$ 7.51	\$ 9.01	\$ 10.51	\$ 12.01	\$ 12.01
<b>2</b>	<b>Annual</b>	\$ <b>16,910</b>	\$ <b>21,138</b>	\$ <b>25,365</b>	\$ <b>29,593</b>	\$ <b>33,820</b>	\$ <b>33,820</b>
	Monthly	\$ 1,409	\$ 1,761	\$ 2,114	\$ 2,466	\$ 2,818	\$ 2,818
	Weekly	\$ 325	\$ 406	\$ 488	\$ 569	\$ 650	\$ 650
	Hourly	\$ 8.13	\$ 10.16	\$ 12.19	\$ 14.23	\$ 16.26	\$ 16.26
<b>3</b>	<b>Annual</b>	\$ <b>21,330</b>	\$ <b>26,663</b>	\$ <b>31,995</b>	\$ <b>37,328</b>	\$ <b>42,660</b>	\$ <b>42,660</b>
	Monthly	\$ 1,778	\$ 2,222	\$ 2,666	\$ 3,111	\$ 3,555	\$ 3,555
	Weekly	\$ 410	\$ 513	\$ 615	\$ 718	\$ 820	\$ 820
	Hourly	\$ 10.25	\$ 12.82	\$ 15.38	\$ 17.95	\$ 20.51	\$ 20.51
<b>4</b>	<b>Annual</b>	\$ <b>25,750</b>	\$ <b>32,188</b>	\$ <b>38,625</b>	\$ <b>45,063</b>	\$ <b>51,500</b>	\$ <b>51,500</b>
	Monthly	\$ 2,146	\$ 2,682	\$ 3,219	\$ 3,755	\$ 4,292	\$ 4,292
	Weekly	\$ 495	\$ 619	\$ 743	\$ 867	\$ 990	\$ 990
	Hourly	\$ 12.38	\$ 15.47	\$ 18.57	\$ 21.66	\$ 24.76	\$ 24.76
<b>5</b>	<b>Annual</b>	\$ <b>30,170</b>	\$ <b>37,713</b>	\$ <b>45,255</b>	\$ <b>52,798</b>	\$ <b>60,340</b>	\$ <b>60,340</b>
	Monthly	\$ 2,514	\$ 3,143	\$ 3,771	\$ 4,400	\$ 5,028	\$ 5,028
	Weekly	\$ 580	\$ 725	\$ 870	\$ 1,015	\$ 1,160	\$ 1,160
	Hourly	\$ 14.50	\$ 18.13	\$ 21.76	\$ 25.38	\$ 29.01	\$ 29.01
<b>6</b>	<b>Annual</b>	\$ <b>34,590</b>	\$ <b>43,238</b>	\$ <b>51,885</b>	\$ <b>60,533</b>	\$ <b>69,180</b>	\$ <b>69,180</b>
	Monthly	\$ 2,883	\$ 3,603	\$ 4,324	\$ 5,044	\$ 5,765	\$ 5,765
	Weekly	\$ 665	\$ 831	\$ 998	\$ 1,164	\$ 1,330	\$ 1,330
	Hourly	\$ 16.63	\$ 20.79	\$ 24.94	\$ 29.10	\$ 33.26	\$ 33.26
<b>7</b>	<b>Annual</b>	\$ <b>39,010</b>	\$ <b>48,763</b>	\$ <b>58,515</b>	\$ <b>68,268</b>	\$ <b>78,020</b>	\$ <b>78,020</b>
	Monthly	\$ 3,251	\$ 4,064	\$ 4,876	\$ 5,689	\$ 6,502	\$ 6,502
	Weekly	\$ 750	\$ 938	\$ 1,125	\$ 1,313	\$ 1,500	\$ 1,500
	Hourly	\$ 18.75	\$ 23.44	\$ 28.13	\$ 32.82	\$ 37.51	\$ 37.51
<b>8</b>	<b>Annual</b>	\$ <b>43,430</b>	\$ <b>54,288</b>	\$ <b>65,145</b>	\$ <b>76,003</b>	\$ <b>86,860</b>	\$ <b>86,860</b>
	Monthly	\$ 3,619	\$ 4,524	\$ 5,429	\$ 6,334	\$ 7,238	\$ 7,238
	Weekly	\$ 835	\$ 1,044	\$ 1,253	\$ 1,462	\$ 1,670	\$ 1,670
	Hourly	\$ 20.88	\$ 26.10	\$ 31.32	\$ 36.54	\$ 41.76	\$ 41.76

\*FOR FAMILY MEMBERS GREATER THAN 8, ADD \$4,420 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL.

**Greater New Bedford Community Health Center**  
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**ALL FQHC AND ELIGIBLE PATIENTS**

Effective 2/27/19

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<b>FAMILY SIZE</b>	<b>DISCOUNT &gt;</b>	<b>\$10 Fixed Payment = to or Less Than</b>	<b>\$20 Fixed Payment = to or Less Than</b>	<b>\$25 Fixed Payment = to or Less Than</b>	<b>\$30 Fixed Payment = to or Less Than</b>	<b>\$35 Fixed Payment = to or Less Than</b>	<b>No Discount Pay Charges OVER</b>
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	Monthly	\$ 3,251	\$ 4,064	\$ 4,876	\$ 5,689	\$ 6,502	\$ 6,502
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	Monthly	\$ 3,619	\$ 4,524	\$ 5,429	\$ 6,334	\$ 7,238	\$ 7,238
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