

**Greater New Bedford Community Health Center**  
**SLIDING FEE DISCOUNT SCHEDULE - DENTAL**  
**BASED ON THE 2016 FEDERAL POVERTY LEVEL**  
**ALL FQHC ELIGIBLE PATIENTS**

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 >	100% Discount \$35 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
1	Annual (up to)	\$ 11,880	\$ 14,850	\$ 17,820	\$ 20,790	\$ 23,760	\$ 23,760
	Monthly	\$ 990	\$ 1,238	\$ 1,485	\$ 1,733	\$ 1,980	\$ 1,980
	Weekly	\$ 228	\$ 286	\$ 343	\$ 400	\$ 457	\$ 457
	Hourly	\$ 5.71	\$ 7.14	\$ 8.57	\$ 10.00	\$ 11.42	\$ 11.42
2	Annual	\$ 16,020	\$ 20,025	\$ 24,030	\$ 28,035	\$ 32,040	\$ 32,040
	Monthly	\$ 1,335	\$ 1,669	\$ 2,003	\$ 2,336	\$ 2,670	\$ 2,670
	Weekly	\$ 308	\$ 385	\$ 462	\$ 539	\$ 616	\$ 616
	Hourly	\$ 7.70	\$ 9.63	\$ 11.55	\$ 13.48	\$ 15.40	\$ 15.40
3	Annual	\$ 20,160	\$ 25,200	\$ 30,240	\$ 35,280	\$ 40,320	\$ 40,320
	Monthly	\$ 1,680	\$ 2,100	\$ 2,520	\$ 2,940	\$ 3,360	\$ 3,360
	Weekly	\$ 388	\$ 485	\$ 582	\$ 678	\$ 775	\$ 775
	Hourly	\$ 9.69	\$ 12.12	\$ 14.54	\$ 16.96	\$ 19.38	\$ 19.38
4	Annual	\$ 24,300	\$ 30,375	\$ 36,450	\$ 42,525	\$ 48,600	\$ 48,600
	Monthly	\$ 2,025	\$ 2,531	\$ 3,038	\$ 3,544	\$ 4,050	\$ 4,050
	Weekly	\$ 467	\$ 584	\$ 701	\$ 818	\$ 935	\$ 935
	Hourly	\$ 11.68	\$ 14.60	\$ 17.52	\$ 20.44	\$ 23.37	\$ 23.37
5	Annual	\$ 28,440	\$ 35,550	\$ 42,660	\$ 49,770	\$ 56,880	\$ 56,880
	Monthly	\$ 2,370	\$ 2,963	\$ 3,555	\$ 4,148	\$ 4,740	\$ 4,740
	Weekly	\$ 547	\$ 684	\$ 820	\$ 957	\$ 1,094	\$ 1,094
	Hourly	\$ 13.67	\$ 17.09	\$ 20.51	\$ 23.93	\$ 27.35	\$ 27.35
6	Annual	\$ 32,580	\$ 40,725	\$ 48,870	\$ 57,015	\$ 65,160	\$ 65,160
	Monthly	\$ 2,715	\$ 3,394	\$ 4,073	\$ 4,751	\$ 5,430	\$ 5,430
	Weekly	\$ 627	\$ 783	\$ 940	\$ 1,096	\$ 1,253	\$ 1,253
	Hourly	\$ 15.66	\$ 19.58	\$ 23.50	\$ 27.41	\$ 31.33	\$ 31.33
7	Annual	\$ 33,810	\$ 42,263	\$ 50,715	\$ 59,168	\$ 67,620	\$ 67,620
	Monthly	\$ 2,818	\$ 3,522	\$ 4,226	\$ 4,931	\$ 5,635	\$ 5,635
	Weekly	\$ 650	\$ 813	\$ 975	\$ 1,138	\$ 1,300	\$ 1,300
	Hourly	\$ 16.25	\$ 20.32	\$ 24.38	\$ 28.45	\$ 32.51	\$ 32.51
8	Annual	\$ 40,890	\$ 51,113	\$ 61,335	\$ 71,558	\$ 81,780	\$ 81,780
	Monthly	\$ 3,408	\$ 4,259	\$ 5,111	\$ 5,963	\$ 6,815	\$ 6,815
	Weekly	\$ 786	\$ 983	\$ 1,180	\$ 1,376	\$ 1,573	\$ 1,573
	Hourly	\$ 19.66	\$ 24.57	\$ 29.49	\$ 34.40	\$ 39.32	\$ 39.32

\*FOR FAMILY MEMBERS GREATER THAN 8, ADD \$4,160 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL. Example: Family of 9 FPL= \$40,090+\$4,060=\$44,150

**Greater New Bedford Community Health Center**  
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**BASED ON THE 2016 FEDERAL POVERTY LEVEL**  
**ALL FQHC AND ELIGIBLE PATIENTS**

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	Weekly	\$ 627	\$ 783	\$ 940	\$ 1,096	\$ 1,253	\$ 1,253
	Hourly	\$ 15.66	\$ 19.58	\$ 23.50	\$ 27.41	\$ 31.33	\$ 31.33
7	Annual	\$ 36,730	\$ 45,913	\$ 55,095	\$ 64,278	\$ 73,460	\$ 73,460
	Monthly	\$ 3,061	\$ 3,826	\$ 4,591	\$ 5,356	\$ 6,122	\$ 6,122
	Weekly	\$ 706	\$ 883	\$ 1,060	\$ 1,236	\$ 1,413	\$ 1,413
	Hourly	\$ 17.66	\$ 22.07	\$ 26.49	\$ 30.90	\$ 35.32	\$ 35.32
8	Annual	\$ 40,890	\$ 51,113	\$ 61,335	\$ 71,558	\$ 81,780	\$ 81,780
	Monthly	\$ 3,408	\$ 4,259	\$ 5,111	\$ 5,963	\$ 6,815	\$ 6,815
	Weekly	\$ 786	\$ 983	\$ 1,180	\$ 1,376	\$ 1,573	\$ 1,573
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