



PATIENT PAYMENT NOTICE: DENTAL SERVICES

July 2018

CrescentCare is required to collect all copays, deductibles, and sliding fee payments where applicable.

CrescentCare offers a sliding fee discount to patients whose incomes fall at or below 200% of the Federal Poverty Guidelines. Each year the federal government establishes income levels that qualify patients to be eligible to pay reduced costs for services. Sliding fee means that costs change according to the patient's income, lack of income, or ability to pay. Patients that qualify are eligible for a sliding discount on fees for all services provided at CrescentCare.

If you have insurance, we will charge you according to the guidelines of your insurance plan (for copays and deductibles). All labs will be billed directly to your insurance plan by the lab company. The lab company will then bill you directly for any outstanding balance. If you do not want to bill your insurance for services we can still see you. You will be considered self-pay and are responsible for your charges. Charges for supplies and equipment such as crowns and dentures will be charged separately. Please request a treatment plan from your dental provider before starting the work, so that you know how much the services will cost. Please ask our staff if you would like to work out a payment plan.

2018 Federal Poverty Guidelines & CrescentCare Sliding Fee Discount for Dental				
Persons in Household	Group A Family Annual Income: at or below 100% FPL	Group B Family Annual Income: 101% up to 150% FPL	Group C Family Annual Income: 151% up to 175% FPL	Group D Family Annual Income: 176% up to 200% FPL
1	12,140	18,210	21,245	24,280
2	16,460	24,690	28,805	32,920
3	20,780	31,170	36,365	41,560
4	25,100	37,650	43,925	50,200
5	29,420	44,130	51,485	58,840
6	33,740	50,610	59,045	67,480
7	38,060	57,090	66,605	76,120
8	42,380	63,570	74,165	84,760
<i>For families/households with more than 8 persons, add \$4,320 for each additional person.</i>				
Discount Applied	100%			
Patient Responsibility: Preventive Care	<i>Nominal Preventive Dental Fee (\$45)</i>	\$55	\$65	\$75
Patient Responsibility: Night Guards	<i>Nominal Fee (\$179)</i>	\$179	\$200	\$215
Patient Responsibility: Fixed Dental	<i>Nominal Fee for Fixed Dental (\$400)</i>	\$450	\$500	\$600
Patient Responsibility: Removable Dental	<i>Nominal Fee for Removal Dental (\$500)</i>	\$550	\$600	\$650