

**C.L. Brumback Primary Care Clinic
 2020 SLIDING FEE SCALE - DENTAL**

Family Size	≤ 100%	101% to 150%	151% to 175%	176% to 200%	Over 200%
1	\$12,760.00	\$12,760.01 - \$15,950.00	\$15,950.01 - \$19,140.00	\$19,140.01 - \$25,520.00	\$25,520.01
2	\$17,240.00	\$17,240.01 - \$21,550.00	\$21,550.01 - \$25,860.00	\$25,860.01 - \$34,480.00	\$34,480.01
3	\$21,720.00	\$21,720.01 - \$27,150.00	\$27,150.01 - \$32,580.00	\$32,580.01 - \$43,440.00	\$43,440.01
4	\$26,200.00	\$26,200.01 - \$32,750.00	\$32,750.01 - \$39,300.00	\$39,300.01 - \$52,400.00	\$52,400.01
5	\$30,680.00	\$30,680.01 - \$38,350.00	\$38,350.01 - \$46,020.00	\$46,020.01 - \$61,360.00	\$61,360.01
6	\$35,160.00	\$35,160.01 - \$43,950.00	\$43,950.01 - \$52,740.00	\$52,740.01 - \$70,320.00	\$70,320.01
7	\$39,640.00	\$39,640.01 - \$49,550.00	\$49,550.01 - \$59,460.00	\$59,460.01 - \$79,280.00	\$79,280.01
8	\$44,120.00	\$44,120.01 - \$55,150.00	\$55,150.01 - \$66,180.00	\$66,180.01 - \$88,240.00	\$88,240.01
For families/households with more than 8 persons, add \$4480 for each additional person					

Federal Poverty Level	Price
100% or below	\$30.00
Between 101% to 150%	\$50.00
Between 151% to 175%	\$70.00
Between 176% to 200%	\$90.00
Over 200%	No Discount

Based on 2020 Federal Poverty Guidelines published in the Federal Register- January 17, 2020

Discounted charges are per visit and will include lab orders and pharmacy.

