

Delaware Valley Community Health, Inc.

SLIDING FEE SCALE FEES BASED ON FEDERAL POVERTY GUIDELINES 2021

ADULT/GYN MEDICINE

Income Level	Number of People in Family										Discount Rate on Procedures	Fee for Visits	Fee per Rx	Discount on Labs	Sliding Fee Type
	1	2	3	4	5	6	7	8	9	10					
100%	up to \$12,880	up to \$17,420	up to \$21,960	up to \$26,500	up to \$31,040	up to \$35,580	up to \$40,120	up to \$44,660	up to \$49,200	up to \$53,740	100%	\$25	340b cost plus dispensing fee (30% discount)	Lab Cost minus 30% discount	A
101% to 125%	up to \$16,100	up to \$21,775	up to \$27,450	up to \$33,125	up to \$38,800	up to \$44,475	up to \$50,150	up to \$55,825	up to \$61,500	up to \$67,175	85%	\$30	340b cost plus dispensing fee (25% discount)	Lab Cost minus 25% discount	B
126% To 150%	up to \$19,320	up to \$26,130	up to \$32,940	up to \$39,750	up to \$46,560	up to \$53,370	up to \$60,180	up to \$66,990	up to \$73,800	up to \$80,610	75%	\$35	340b cost plus dispensing fee (20% discount)	Lab Cost minus 20% discount	C
151% To 175%	up to \$22,540	up to \$30,485	up to \$38,430	up to \$46,375	up to \$54,320	up to \$62,265	up to \$70,210	up to \$78,155	up to \$86,100	up to \$94,045	75%	\$40	340b cost plus dispensing fee (15% discount)	Lab Cost minus 15% discount	D
176% To 200%	up to \$25,760	up to \$34,840	up to \$43,920	up to \$53,000	up to \$62,080	up to \$71,160	up to \$80,240	up to \$89,320	up to \$98,400	up to \$107,480	50%	\$45	340b cost plus dispensing fee (10% discount)	Lab Cost minus 10% discount	E
over 200%	over \$25,761	over \$34,841	over \$43,921	over \$53,001	over \$62,081	over \$71,161	over \$80,241	over \$89,321	over \$98,401	over \$107,481	Full Fee (Max of \$50 per procedure)	\$50	340b cost plus dispensing fee (0% discount)	Lab Cost minus 0% discount	F

SLIDING FEE SCALE FEES BASED ON FEDERAL POVERTY GUIDELINES 2021

BEHAVIORAL HEALTH

Income Level	Number of People in Family										Fee for Visits	Sliding Fee Type
	1	2	3	4	5	6	7	8	9	10		
100%	up to \$12,880	up to \$17,420	up to \$21,960	up to \$26,500	up to \$31,040	up to \$35,580	up to \$40,120	up to \$44,660	up to \$49,200	up to \$53,740	\$2	A
101% to 125%	up to \$16,100	up to \$21,775	up to \$27,450	up to \$33,125	up to \$38,800	up to \$44,475	up to \$50,150	up to \$55,825	up to \$61,500	up to \$67,175	\$3	B
126% To 150%	up to \$19,320	up to \$26,130	up to \$32,940	up to \$39,750	up to \$46,560	up to \$53,370	up to \$60,180	up to \$66,990	up to \$73,800	up to \$80,610	\$4	C
151% To 175%	up to \$22,540	up to \$30,485	up to \$38,430	up to \$46,375	up to \$54,320	up to \$62,265	up to \$70,210	up to \$78,155	up to \$86,100	up to \$94,045	\$5	D
176% To 200%	up to \$25,760	up to \$34,840	up to \$43,920	up to \$53,000	up to \$62,080	up to \$71,160	up to \$80,240	up to \$89,320	up to \$98,400	up to \$107,480 0	\$6	E
over 200%	over \$25,761	over \$34,841	over \$43,921	over \$53,001	over \$62,081	over \$71,161	over \$80,241	over \$89,321	over \$98,401	over \$107,481	\$7	F

Delaware Valley Community Health, Inc.

SLIDING FEE SCALE FEES BASED ON FEDERAL POVERTY GUIDELINES 2021 DENTAL

Income Level	Number of People in Family										Fee Per Procedure	Fee per Rx	Sliding Fee Type
	1	2	3	4	5	6	7	8	9	10			
100%	up to \$12,880	up to \$17,420	up to \$21,960	up to \$26,500	up to \$31,040	up to \$35,580	up to \$40,120	up to \$44,660	up to \$49,200	up to \$53,740	\$35	340b cost plus dispensing fee (30% <u>discount</u>)	A
101% to 125%	up to \$16,100	up to \$21,755	up to \$27,450	up to \$33,125	up to \$38,800	up to \$44,475	up to \$50,150	up to \$55,825	up to \$61,500	up to \$67,175	\$45	340b cost plus dispensing fee (25% <u>discount</u>)	B
126% To 150%	up to \$19,320	up to \$26,130	up to \$32,940	up to \$39,750	up to \$46,560	up to \$53,370	up to \$60,180	up to \$66,990	up to \$73,800	up to \$80,610	\$50	340b cost plus dispensing fee (20% <u>discount</u>)	C
151% To 175%	up to \$22,540	up to \$30,485	up to \$38,430	up to \$46,375	up to \$54,320	up to \$62,265	up to \$70,210	up to \$78,155	up to \$85,100	up to \$94,045	\$55	340b cost plus dispensing fee (15% <u>discount</u>)	D
176% To 200%	up to \$25,760	up to \$34,840	up to \$43,920	up to \$53,000	up to \$62,080	up to \$71,160	up to \$80,240	up to \$89,320	up to \$98,400	up to \$107,480	\$60	340b cost plus dispensing fee (10% <u>discount</u>)	E
over 200%	over \$25,761	over \$34,841	over \$43,921	over \$53,001	over \$62,081	over \$71,161	over \$80,241	over \$89,321	over \$98,401	over \$107,481	Full fee (maximum of \$80 per procedure)	340b cost plus dispensing fee (0% <u>discount</u>)	F

Delaware Valley Community Health, Inc.

SLIDING FEE SCALE FEES BASED ON FEDERAL POVERTY GUIDELINES 2021

OPTOMETRY

Income Level	Number of People in Family										Discount Rate on Procedures	Fee for Visits	Fee per Rx	Discount on Labs	Sliding Fee Type
	1	2	3	4	5	6	7	8	9	10					
100%	up to \$12,880	up to \$17,420	up to \$21,960	up to \$26,500	up to \$31,040	up to \$35,580	up to \$40,120	up to \$44,660	up to \$49,200	up to \$53,740	100%	\$25	340b cost plus dispensing fee (30% discount)	Lab Cost minus 30% discount	A
101% to 125%	up to \$16,100	up to \$21,775	up to \$27,450	up to \$33,125	up to \$38,800	up to \$44,475	up to \$50,150	up to \$55,825	up to \$61,500	up to \$67,175	85%	\$30	340b cost plus dispensing fee (25% discount)	Lab Cost minus 25% discount	B
126% To 150%	up to \$19,320	up to \$26,130	up to \$32,940	up to \$39,750	up to \$46,560	up to \$53,370	up to \$60,180	up to \$66,990	up to \$73,800	up to \$80,610	75%	\$35	340b cost plus dispensing fee (20% discount)	Lab Cost minus 20% discount	C
151% To 175%	up to \$22,540	up to \$30,485	up to \$38,430	up to \$46,375	up to \$54,320	up to \$62,265	up to \$70,210	up to \$78,155	up to \$86,100	up to \$94,045	75%	\$40	340b cost plus dispensing fee (15% discount)	Lab Cost minus 15% discount	D
176% To 200%	up to \$25,760	up to \$34,840	up to \$43,920	up to \$53,000	up to \$62,080	up to \$71,160	up to \$80,240	up to \$89,320	up to \$98,400	up to \$107,480	50%	\$45	340b cost plus dispensing fee (10% discount)	Lab Cost minus 10% discount	E
over 200%	over \$25,761	over \$34,841	over \$43,921	over \$53,001	over \$62,081	over \$71,161	over \$80,241	over \$89,321	over \$98,401	over \$107,481	Full Fee (Max of \$50 per procedure)	\$50	340b cost plus dispensing fee (0% discount)	Lab Cost minus 0% discount	F

Delaware Valley Community Health, Inc.

SLIDING FEE SCALE FEES BASED ON FEDERAL POVERTY GUIDELINES 2021 PEDIATRIC AND OB MEDICINE

Income Level	Number of People in Family										Discount Rate on Procedures	Fee for Visits	Fee per Rx	Discount on Labs	Sliding Fee Type
	1	2	3	4	5	6	7	8	9	10					
100%	up to \$12,880	up to \$17,420	up to \$21,960	up to \$26,500	up to \$31,040	up to \$35,580	up to \$40,120	up to \$44,660	up to \$49,200	up to \$53,740	100%	\$20	340b cost plus dispensing fee (30% discount)	Lab Cost minus 30% discount	A
101% to 125%	up to \$16,100	up to \$21,775	up to \$27,450	up to \$33,125	up to \$38,800	up to \$44,475	up to \$50,150	up to \$55,825	up to \$61,500	up to \$67,175	OB-85% Peds-No Charge	\$25	340b cost plus dispensing fee (25% discount)	Lab Cost minus 25% discount	B
126% To 150%	up to \$19,320	up to \$26,130	up to \$32,940	up to \$39,750	up to \$46,560	up to \$53,370	up to \$60,180	up to \$66,990	up to \$73,800	up to \$80,610	OB-75% Peds No Charge	\$30	340b cost plus dispensing fee (20% discount)	Lab Cost minus 20% discount	C
151% To 175%	up to \$22,540	up to \$30,485	up to \$38,430	up to \$46,375	up to \$54,320	up to \$62,265	up to \$70,210	up to \$78,155	up to \$86,100	up to \$94,045	OB-75% Peds No Charge	\$35	340b cost plus dispensing fee (15% discount)	Lab Cost minus 15% discount	D
176% To 200%	up to \$25,760	up to \$34,840	up to \$43,920	up to \$53,000	up to \$62,080	up to \$71,160	up to \$80,240	up to \$89,320	up to \$98,400	up to \$107,480	OB-50% Peds No Charge	\$40	340b cost plus dispensing fee (10% discount)	Lab Cost minus 10% discount	E
over 200%	over \$25,761	over \$34,841	over \$43,921	over \$52,001	over \$62,081	over \$71,161	over \$80,241	over \$89,321	over \$98,401	over \$107,481	Full Fee (Max of \$50 per procedure)	\$45	340b cost plus dispensing fee (0% discount)	Lab Cost minus 10% discount	F

Delaware Valley Community Health, Inc.

SLIDING FEE SCALE FEES BASED ON FEDERAL POVERTY GUIDELINES 2021

PODIATRIC

Income Level	Number of People in Family										Discount Rate on Procedures	Fee For Visit	Injection	Fee per Rx	Discount on Labs	Sliding Fee Type
	1	2	3	4	5	6	7	8	9	10						
100%	up to \$12,880	up to \$17,420	up to \$21,960	up to \$26,500	up to \$31,040	up to \$35,580	up to \$40,120	up to \$44,660	up to \$49,200	up to \$53,740	100%	\$40	\$10	340b cost plus dispensing fee (30% discount)	Lab Cost minus 30% discount	A
101% to 125%	up to \$16,100	up to \$21,775	up to \$27,450	up to \$33,125	up to \$38,800	up to \$44,475	up to \$50,150	up to \$55,825	up to \$61,500	up to \$67,175	85%	\$45	\$10	340b cost plus dispensing fee (25% Discount)	Lab Cost minus 25% discount	B
126% To 150%	up to \$19,320	up to \$26,130	up to \$32,940	up to \$39,750	up to \$46,560	up to \$53,370	up to \$60,180	up to \$66,990	up to \$73,800	up to \$80,610	75%	\$50	\$10	340b cost plus dispensing fee (20% Discount)	Lab Cost minus 20% discount	C
151% To 175%	up to \$22,540	up to \$30,485	up to \$38,430	up to \$46,375	up to \$54,320	up to \$62,265	up to \$70,210	up to \$78,155	up to \$86,100	up to \$94,045	75%	\$55	\$10	340b cost plus dispensing fee (15% discount))	Lab Cost minus 15% discount	D
176% To 200%	up to \$25,760	up to \$34,840	up to \$43,920	up to \$53,000	up to \$62,080	up to \$71,160	up to \$80,240	up to \$89,320	up to \$98,400	up to \$107,480	50%	\$60	\$10	340b cost plus dispensing fee (10% discount))	Lab Cost minus 10% discount	E
over 200%	over \$25,761	over \$34,841	over \$43,921	over \$53,001	over \$6,081	over \$71,161	over \$80,241	over \$89,321	over \$98,401	over \$107,481	Full Fee (Max of \$50 per procedure)	\$65	\$10	340b cost plus dispensing fee (0% discount))	Lab Cost minus 0% discount	F

SLIDING FEE SCALE FEES BASED ON FEDERAL POVERTY GUIDELINES 2021

Ryan White Program

Income Level	Number of People in Family										Fee for Visits	Sliding Fee Type
	1	2	3	4	5	6	7	8	9	10		
100%	up to \$12,880	up to \$17,420	up to \$21,960	up to \$26,500	up to \$31,040	up to \$35,580	up to \$40,120	up to \$44,660	up to \$49,200	up to \$53,740	\$0	A
101% to 125%	up to \$16,100	up to \$21,775	up to \$27,450	up to \$33,125	up to \$38,800	up to \$44,475	up to \$50,150	up to \$55,825	up to \$61,500	up to \$67,175	\$5	B
126% To 150%	up to \$19,320	up to \$26,130	up to \$32,940	up to \$39,750	up to \$46,560	up to \$53,370	up to \$60,180	up to \$66,990	up to \$73,800	up to \$80,610	\$10	C
151% To 175%	up to \$22,540	up to \$30,485	up to \$38,430	up to \$46,375	up to \$54,320	up to \$62,265	up to \$70,210	up to \$78,155	up to \$86,100	up to \$94,045	\$15	D
176% To 200%	up to \$25,760	up to \$34,840	up to \$43,920	up to \$53,000	up to \$62,080	up to \$71,160	up to \$80,240	up to \$89,320	up to \$98,400	up to \$107,480	\$20	E
over 200%	over \$25,761	over \$34,841	over \$43,921	over \$53,001	over \$62,081	over \$71,161	over \$80,,241	over \$89,321	over \$98,401	over \$107,481	\$25	F

Fairmount Primary Care Center / Maria de los Santos Health Center / Norristown Regional Health Center

2021 Dental Fee Schedule Adult

DIAGNOSTIC AND PREVENTIVE PROCEDURES

PROCEDURE	Dental Code	DVCH Charge	100% of Poverty and Below	101% - 125%	126% -150%	151% - 175%	176% - 200%	Over 200% of Poverty
			Slide A	Slide B	Slide C	Slide D	Slide E	Slide F
Exam-comprehensive (NPA)	D0150	\$59	\$40	\$45	\$50	\$55	\$59	\$59
Exam – periodic (6 mos.)	D0120	\$59	\$40	\$45	\$50	\$55	\$59	\$59
Emergency Exam	D0150 D9110	\$59	\$40	\$45	\$50	\$55	\$59	\$59
Full Mouth Series	D0210	\$107	\$55	\$60	\$65	\$70	\$75	\$80
Periapical First Film	D0220	\$21	\$21	\$21	\$21	\$21	\$21	\$21
Periapical Additional Film	D0230	\$10	\$10	\$10	\$10	\$10	\$10	\$10
B.W. Two Films	D0272	\$33	\$20	\$25	\$30	\$33	\$33	\$33
B.W. Four Films	D0274	\$54	\$30	\$35	\$40	\$45	\$50	\$54
Dental Prophylaxis Adult	D1110	\$81	\$40	\$45	\$50	\$55	\$60	\$65

Emergency Exam includes two free X-Rays

/2021 Dental Fee Schedule Pediatric (Age 0-21)
DIAGNOSTIC AND PREVENTIVE PROCEDURES

PROCEDURE	Dental Code	DVCH Charge	100% of Poverty and Below	101% - 125%	126% - 150%	151% - 175%	176% - 200%	Over 200% of Poverty
			Slide A	Slide B	Slide C	Slide D	Slide E	Slide F
Exam – comprehensive (NPA)	D0150	\$59	\$10	\$15	\$20	\$25	\$30	\$35
Exam – periodic (6 mos.)	D0120	\$59	\$10	\$15	\$20	\$25	\$30	\$35
Emergency Exam	D0150 D9110	\$59	\$10	\$15	\$20	\$25	\$30	\$35
Full Mouth Series	D0210	\$107	\$15	\$20	\$25	\$30	\$35	\$40
Periapical First Film	D0220	\$21	\$10	\$15	\$20	\$21	\$21	\$21
Periapical Additional Film	D0230	\$10	\$10	\$10	\$10	\$10	\$10	\$10
B.W. Two Films (Children under age 12)	D0272	\$33	\$10	\$15	\$20	\$25	\$30	\$33
B.W. Four Films (Age 12 and older)	D0274	\$54	\$10	\$15	\$20	\$25	\$30	\$35
Dental Prophylaxis Secondary Teeth (Age 12 and older)	D1110	\$81	\$20	\$25	\$30	\$35	\$40	\$45
Dental Prophylaxis Primary Teeth	D1120	\$59	\$15	\$20	\$25	\$30	\$35	\$40
Fluoride Treatment	D1206	\$59	\$10	\$10	\$10	\$10	\$10	\$10
Pit & Fissure Sealant	D1351	\$43	\$5	\$5	\$5	\$5	\$5	\$5

Exam and Emergency Exam include no charge for x-ray