

Delaware Valley Community Health, Inc.

SLIDING FEE SCALE FEES BASED ON FEDERAL POVERTY GUIDELINES 2023

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 \$14,580	up to \$19,720	up to \$24,860	up to \$30,000	up to \$35,140	up to \$40,280	up to \$45,420	up to \$50,560	up to \$55,700	up to \$60,840	100%	\$25	340b cost plus dispensing fee (30% discount)	Lab Cost minus 30% discount	A
101% to 125%	up to \$18,225	up to \$24,650	up to \$31,075	up to \$37,500	up to \$43,925	up to \$50,350	up to \$56,775	up to \$63,200	up to \$69,625	up to \$76,050	85%	\$30	340b cost plus dispensing fee (25% discount)	Lab Cost minus 25% discount	B
126% To 150%	up to \$21,870	up to \$29,580	up to \$37,290	up to \$45,000	up to \$52,710	up to \$60,420	up to \$68,130	up to \$75,840	up to \$83,550	up to \$91,260	75%	\$35	340b cost plus dispensing fee (20% discount)	Lab Cost minus 20% discount	C
151% To 175%	up to \$25,515	up to \$34,510	up to \$43,505	up to \$52,500	up to \$61,495	up to \$70,490	up to \$79,485	up to \$88,480	up to \$97,475	up to \$106,470	75%	\$40	340b cost plus dispensing fee (15% discount)	Lab Cost minus 15% discount	D
176% To 200%	up to \$29,160	up to \$39,440	up to \$49,720	up to \$60,000	up to \$70,280	up to \$80,560	up to \$90,840	up to \$101,120	up to \$111,400	up to \$121,680	50%	\$45	340b cost plus dispensing fee (10% discount)	Lab Cost minus 10% discount	E
over 200%	over \$29,161	over \$39,441	over \$49,721	over \$60,001	over \$70,281	over \$80,561	over \$90,841	over \$101,121	over \$111,401	over \$121,681	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 2023 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 \$14,580	up to \$19,720	up to \$24,860	up to \$30,000	up to \$35,140	up to \$40,280	up to \$45,420	up to \$50,560	up to \$55,700	up to \$60,840	100%	\$20	340b cost plus dispensing fee (30% discount)	Lab Cost minus 30% discount	A
101% to 125%	up to \$18,225	up to \$24,650	up to \$31,075	up to \$37,500	up to \$43,925	up to \$50,350	up to \$56,775	up to \$63,200	up to \$69,625	up to \$76,050	OB-85% Peds-No Charge	\$25	340b cost plus dispensing fee (25% discount)	Lab Cost minus 25% discount	B
126% To 150%	up to \$21,870	up to \$29,580	up to \$37,290	up to \$45,000	up to \$52,710	up to \$60,420	up to \$68,130	up to \$75,840	up to \$83,550	up to \$91,260	OB-75% Peds No Charge	\$30	340b cost plus dispensing fee (20% discount)	Lab Cost minus 20% discount	C
151% To 175%	up to \$25,515	up to \$34,510	up to \$43,505	up to \$52,500	up to \$61,495	up to \$70,490	up to \$79,485	up to \$88,480	up to \$99,475	up to \$106,470	OB-75% Peds No Charge	\$35	340b cost plus dispensing fee (15% discount)	Lab Cost minus 15% discount	D
176% To 200%	up to \$29,160	up to \$39,440	up to \$49,720	up to \$60,000	up to \$70,280	up to \$80,560	up to \$90,840	up to \$101,120	up to \$111,400	up to \$121,680	OB-50% Peds No Charge	\$40	340b cost plus dispensing fee (10% discount)	Lab Cost minus 10% discount	E
over 200%	over \$29,161	over \$39,441	over \$49,721	over \$60,001	over \$70,281	over \$80,561	over \$90,841	over \$101,121	over \$111,401	over \$121,681	Full Fee (Max of \$50 per procedure)	\$45	340b cost plus dispensing fee (0% discount)	Lab Cost minus 10% discount	F

Updated 3/1/2023

Delaware Valley Community Health, Inc.

SLIDING FEE SCALE FEES BASED ON FEDERAL POVERTY GUIDELINES 2023

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 \$14,580	up to \$19,720	up to \$24,860	up to \$30,000	up to \$35,140	up to \$40,280	up to \$45,420	up to \$50,560	up to \$55,700	up to \$60,840	100%	\$25	340b cost plus dispensing fee (30% discount)	Lab Cost minus 30% discount	A
101% to 125%	up to \$18,225	up to \$24,650	up to \$31,075	up to \$37,500	up to \$43,925	up to \$50,350	up to \$56,775	up to \$63,200	up to \$69,625	up to \$76,050	85%	\$30	340b cost plus dispensing fee (25% discount)	Lab Cost minus 25% discount	B
126% To 150%	up to \$21,870	up to \$29,580	up to \$37,290	up to \$45,000	up to \$52,710	up to \$60,420	up to \$68,130	up to \$75,840	up to \$83,550	up to \$91,260	75%	\$35	340b cost plus dispensing fee (20% discount)	Lab Cost minus 20% discount	C
151% To 175%	up to \$25,515	up to \$34,510	up to \$43,505	up to \$52,500	up to \$61,495	up to \$70,490	up to \$79,485	up to \$88,480	up to \$97,475	up to \$106,470	75%	\$40	340b cost plus dispensing fee (15% discount)	Lab Cost minus 15% discount	D
176% To 200%	up to \$29,160	up to \$39,440	up to \$49,720	up to \$60,000	up to \$70,280	up to \$80,560	up to \$90,840	up to \$101,120	up to \$111,400	up to \$121,680	50%	\$45	340b cost plus dispensing fee (10% discount)	Lab Cost minus 10% discount	E
over 200%	over \$29,161	over \$39,441	over \$49,721	over \$60,001	over \$70,281	over \$80,561	over \$90,841	over \$101,121	over \$111,401	over \$121,681	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 2023

PODIATRIC

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 \$14,580	up to \$19,720	up to \$24,860	up to \$30,000	up to \$35,140	up to \$40,280	up to \$45,420	up to \$50,560	up to \$55,700	up to \$60,840	100%	\$25	340b cost plus dispensing fee (30% discount)	Lab Cost minus 30% discount	A
101% to 125%	up to \$18,225	up to \$24,650	up to \$31,075	up to \$37,500	up to \$43,925	up to \$50,350	up to \$56,775	up to \$63,200	up to \$69,625	up to \$76,050	85%	\$30	340b cost plus dispensing fee (25% discount)	Lab Cost minus 25% discount	B
126% To 150%	up to \$21,870	up to \$29,580	up to \$37,290	up to \$45,000	up to \$52,710	up to \$60,420	up to \$68,130	up to \$75,840	up to \$83,550	up to \$91,260	75%	\$35	340b cost plus dispensing fee (20% discount)	Lab Cost minus 20% discount	C
151% To 175%	up to \$25,515	up to \$34,510	up to \$43,505	up to \$52,500	up to \$61,495	up to \$70,490	up to \$79,485	up to \$88,480	up to \$97,475	up to \$106,470	75%	\$40	340b cost plus dispensing fee (15% discount)	Lab Cost minus 15% discount	D
176% To 200%	up to \$29,160	up to \$39,440	up to \$49,720	up to \$60,000	up to \$70,280	up to \$80,560	up to \$90,840	up to \$101,120	up to \$111,400	up to \$121,680	50%	\$45	340b cost plus dispensing fee (10% discount)	Lab Cost minus 10% discount	E
over 200%	over \$29,161	over \$39,441	over \$49,721	over \$60,001	over \$70,281	over \$80,561	over \$90,841	over \$101,121	over \$111,401	over \$121,681	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 2023 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 \$14,580	up to \$19,720	up to \$24,860	up to \$30,000	up to \$35,140	up to \$40,280	up to \$45,420	up to \$50,560	up to \$55,700	up to \$60,840	\$35	340b cost plus dispensing fee (30% discount)	A
101% to 125%	up to \$18,225	up to \$24,650	up to \$31,075	up to \$37,500	up to \$43,925	up to \$50,350	up to \$56,775	up to \$63,200	up to \$69,625	up to \$76,050	\$45	340b cost plus dispensing fee (25% discount)	B
126% To 150%	up to \$21,870	up to \$29,580	up to \$37,290	up to \$45,000	up to \$52,710	up to \$60,420	up to \$68,130	up to \$75,840	up to \$83,550	up to \$91,260	\$50	340b cost plus dispensing fee (20% discount)	C
151% To 175%	up to \$25,515	up to \$34,510	up to \$43,505	up to \$52,500	up to \$61,495	up to \$70,490	up to \$79,485	up to \$88,480	up to \$97,475	up to \$106,470	\$55	340b cost plus dispensing fee (15% discount)	D
176% To 200%	up to \$29,160	up to \$39,440	up to \$49,720	up to \$60,000	up to \$70,280	up to \$80,560	up to \$90,840	up to \$101,120	up to \$111,400	up to \$121,680	\$60	340b cost plus dispensing fee (10% discount)	E
over 200%	over \$29,161	over \$39,441	over \$49,721	over \$60,001	over \$70,281	over \$80,561	over \$90,841	over \$101,121	over \$111,401	over \$121,681	Full fee (maximum of \$80 per procedure)	340b cost plus dispensing fee (0% discount)	F

Fairmount Primary Care Center / Maria de los Santos Health Center / Norristown Regional Health Center
2023 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	\$54	\$40	\$45	\$50	\$54	\$54	\$54
Exam – periodic (6 mos.)	D0120	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Emergency Exam	D0140 D9110	\$54	\$40	\$45	\$50	\$54	\$54	\$54
Full Mouth Series	D0210	\$107	\$55	\$60	\$65	\$70	\$75	\$80
Periapical First Film	D0220	\$107	\$21	\$21	\$21	\$21	\$21	\$21
Periapical Additional Film	D0230	\$13	\$10	\$10	\$10	\$10	\$10	\$10
B.W. Two Films	D0272	\$32	\$20	\$25	\$30	\$32	\$32	\$32
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

Fairmount Primary Care Center / Maria de los Santos Health Center / Norristown Regional Health Center
2023 Dental Fee Schedule Adult

FILLINGS, EXTRACTIONS, and PALLIATIVE TREATMENT

PROCEDURE	Dental Code	DVCH Charge	100% of Poverty and Below	101% - 125%	126% - 150%	151% - 175%	176% - 200%	Over 200%
			Slide A	Slide B	Slide C	Slide D	Slide E	Slide F
Amalg. One Surface Permanent	D2140	\$107	\$40	\$45	\$50	\$55	\$60	\$65
Amalg. Two Surface Permanent	D2150	\$118	\$50	\$55	\$60	\$65	\$70	\$75
Amalg. Three Surface Permanent	D2160	\$145	\$60	\$65	\$70	\$75	\$80	\$85
Amalg. Four Surface Permanent	D2161	\$177	\$70	\$75	\$80	\$85	\$90	\$95
Resin One Surface	D2391	\$107	\$40	\$45	\$50	\$55	\$60	\$65
Resin Two Surfaces	D2392	\$215	\$50	\$60	\$65	\$70	\$75	\$80
Resin Three Surfaces	D2393	\$290	\$60	\$65	\$70	\$75	\$80	\$85
Resin Four Surface, Ant	D2394	\$306	\$70	\$75	\$80	\$85	\$90	\$95
Resin- base composite crown, anterior	D2390	\$207	\$150	\$155	\$160	\$165	\$170	\$175
Resin One Surface, Post	D2330	\$107	\$40	\$45	\$50	\$55	\$60	\$65
Resin Two Surface, Post	D2331	\$123	\$50	\$55	\$60	\$65	\$70	\$75
Resin Three Surface, Post	D2332	\$215	\$60	\$65	\$70	\$75	\$80	\$85
Resin Four Surface, Post	D2335	\$215	\$70	\$75	\$80	\$85	\$90	\$95
Pulp Cap Direct	D3110	\$67	\$40	\$45	\$50	\$55	\$60	\$65
Pulp Cap Indirect	D3120	\$54	\$40	\$45	\$50	\$54	\$54	\$54
Extraction, Coronial Remnants	D7111	\$107	\$25	\$30	\$35	\$40	\$45	\$50
Extraction-Erupted Tooth	D7140	\$118	\$55	\$60	\$65	\$70	\$75	\$80
Alveoloplasty with Extraction	D7310	\$218	\$160	\$165	\$170	\$175	\$180	\$185
Alveoloplasty without Extraction	D7320	\$218	\$160	\$165	\$170	\$175	\$180	\$185
Emergency Palliative Treatment	D9110	\$107	\$45	\$50	\$55	\$65	\$70	\$75
Apply Desensitizing Medicament	D9910	\$48	\$25	\$30	\$35	\$40	\$45	\$48
Occlusal guard	D9940	\$322	\$293	\$295	\$300	\$305	\$310	\$315

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

2023 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	\$54	\$10	\$15	\$20	\$25	\$30	\$35
Exam – periodic (6 mos.)	D0120	\$40	\$10	\$15	\$20	\$25	\$30	\$35
Emergency Exam	D0140 D9110	\$54	\$10	\$15	\$20	\$25	\$30	\$35
Full Mouth Series	D0210	\$107	\$15	\$20	\$25	\$30	\$35	\$40
Periapical First Film	D0220	\$107	\$10	\$15	\$20	\$25	\$30	\$35
Periapical Additional Film	D0230	\$13	\$10	\$10	\$10	\$10	\$10	\$10
B.W. Two Films (Children under age 12)	D0272	\$32	\$10	\$15	\$20	\$25	\$30	\$32
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	\$54	\$15	\$20	\$25	\$30	\$35	\$40
Fluoride Treatment	D1206	\$32	\$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

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

2023 Dental Fee Schedule Pediatric (Age 0-21)

FILLINGS, EXTRACTIONS, and PALLIATIVE TREATMENT

PROCEDURE		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
Amalg. One Surface Permanent	D2140	\$107	\$20	\$25	\$30	\$35	\$40	\$45
Amalg. Two Surface Permanent	D2150	\$118	\$30	\$35	\$40	\$45	\$50	\$55
Amalg. Three Surface Permanent	D2160	\$145	\$40	\$45	\$50	\$55	\$60	\$65
Amalg. Four Surface Permanent	D2161	\$177	\$50	\$55	\$60	\$65	\$70	\$75
Resin One Surface, Ant	D2391	\$107	\$20	\$25	\$30	\$35	\$40	\$45
Resin Two Surfaces, Ant	D2392	\$215	\$30	\$35	\$40	\$45	\$50	\$55
Resin Three Surfaces, Ant	D2393	\$290	\$40	\$45	\$50	\$55	\$60	\$60
Resin Four Surface, Ant	D2394	\$306	\$50	\$55	\$60	\$65	\$70	\$75
Resin- base composite crown, anterior	D2390	\$207	\$155	\$160	\$165	\$170	\$175	\$180
Resin One Surface, Post	D2330	\$107	\$20	\$25	\$30	\$35	\$40	\$45
Resin Two Surface, Post	D2331	\$123	\$30	\$35	\$40	\$45	\$55	\$60
Resin Three Surface, Post	D2332	\$215	\$40	\$45	\$50	\$55	\$60	\$65
Resin Four Surface, Post	D2335	\$215	\$50	\$55	\$60	\$65	\$70	\$75
Pulp Cap Direct	D3110	\$67	\$45	\$50	\$55	\$60	\$65	\$67
Pulp Cap Indirect	D3120	\$54	\$40	\$45	\$50	\$54	\$54	\$54
Extraction-Coronal Remnants	D7111	\$107	\$25	\$30	\$35	\$40	\$45	\$50
Surgical Removal Residual Roots	D7140	\$118	\$55	\$60	\$65	\$70	\$75	\$80
Alveoloplasty with Extraction	D7310	\$218	\$165	\$170	\$175	\$180	\$185	\$190
Alveoloplasty without Extraction	D7320	\$218	\$165	\$170	\$175	\$180	\$185	\$190
Incision & Drainage Abscess-Intraoral	D7510	\$145	\$85	\$90	\$95	\$100	\$105	\$110
Incision & Drainage abscess-Extraoral	D7520	\$246	\$185	\$190	\$195	\$200	\$205	\$210
Emergency Palliative Treatment	D9110	\$107	\$10	\$15	\$20	\$25	\$30	\$35
Apply Desensitizing Medicament	D9910	\$48	\$10	\$15	\$20	\$25	\$30	\$35
Treatment of Complications	D9930	\$70	\$55	\$60	\$65	\$70	\$70	\$70
Occlusal guard	D9940	\$322	\$295	\$300	\$305	\$310	\$315	\$320