

## HRSA Sliding Fee Scale (SFS) Discount Schedule

Based on 2023 Federal Poverty Guidelines [Poverty Guidelines | ASPE \(hhs.gov\)](https://www.aspe.hhs.gov/poverty-guidelines)

POVERTY LEVEL	ANNUAL INCOME					
	At or Below 100% (Nominal \$10 suggested)	101-125% (SF Flat Rate Below)	126-150% (SF Flat Rate Below)	151-175% (SF Flat Rate Below)	176-200% (SF Flat Rate Below)	201-250% (SF Flat Rate Below)
FAMILY SIZE	Category A	Category B	Category C	Category D	Category E	Category F
1	\$0 - \$14,580	\$14,581 - \$18,225	\$18,226 - \$21,870	\$21,871 - \$25,515	\$25,516 - \$29,160	\$29,161 - \$36,450
2	\$0 - \$19,720	\$19,721 - \$24,650	\$24,651 - \$29,580	\$29,581 - \$34,510	\$34,511 - \$39,440	\$39,441 - \$49,300
3	\$0 - \$24,860	\$24,861 - \$31,075	\$31,076 - \$37,290	\$37,291 - \$43,505	\$43,506 - \$49,720	\$49,721 - \$62,150
4	\$0 - \$30,000	\$30,001 - \$37,500	\$37,501 - \$45,000	\$45,001 - \$52,500	\$52,501 - \$60,000	\$60,001 - \$75,000
5	\$0 - \$35,140	\$35,141 - \$43,925	\$43,926 - \$52,710	\$52,711 - \$61,495	\$61,496 - \$70,280	\$70,281 - \$87,850
6	\$0 - \$40,280	\$40,281 - \$50,350	\$50,351 - \$60,420	\$60,421 - \$70,490	\$70,491 - \$80,560	\$80,561 - \$100,700
7	\$0 - \$45,420	\$45,421 - \$56,775	\$56,776 - \$68,130	\$68,131 - \$79,485	\$79,486 - \$90,840	\$90,841 - \$113,550
8	\$0 - \$50,560	\$50,561 - \$63,200	\$63,201 - \$75,840	\$75,841 - \$88,480	\$88,481 - \$101,120	\$101,121 - \$126,400
For family units with more than 8 persons, add \$4,720 for each additional member						
DENTAL AND BEHAVIORAL HEALTH SLIDING FEES						
FLAT FEE \$	\$10*	\$30	\$35	\$40	\$45	\$50

\*For individuals at or below 100 % of the FPL, it is strongly encouraged that staff facilitate applications for BadgerCare or ask patient to pay a \$10 nominal fee. However, if neither can happen before the time of service, a patient will not be denied services.

### **ADDITIONAL DENTAL EXTRA SERVICE PROCEDURES**

**Crown:** The crowns that HealthNet recommends to do are porcelain zirconia crowns that are not covered by Medicaid insurance. Therefore, if a lab made crown at HealthNet is advised, the patient is responsible for the fee assigned by HealthNet. An appointment will be made once the fee is paid in full.

**Denture/partial/other lab related items:** If the patient has insurance, and the type of denture/partial/lab item is covered by insurance, it will be preauthorized. If it is a covered denture/partial/lab item, the patient is responsible for the copays assigned by insurance. If the denture/partial/lab item is denied by insurance or is not a covered code, the patient is responsible for the fee assigned by HealthNet. An appointment will be made once the fee is paid in full.

**Nitrous Oxide:** For ages 0 to 17, there will be no fee assigned regardless of insurance status. For ages 0-17, if there is insurance, a preauthorization will be sent. If the nitrous is denied by insurance, there will be no additional charge. If the patient is 18 and over and has insurance, and nitrous is covered by insurance, it will be preauthorized. If the nitrous is not covered or is denied by insurance, the patient is responsible for the fee assigned by HealthNet which is \$30. For those 18 and over and uninsured, the fee will be \$30.

The patient will be presented with a treatment plan sheet with the specific lab service procedure and fee associated to agree upon process and payment terms. Cash, debit and credit cards will be accepted- no checks over \$100 will be accepted. An appointment will be made once the fee is paid in full.