

## 2024 Poverty Levels

# of Persons in Household	Annual Income				
	<=100% (Slide A)	<=138% (Slide B)	<=167% (Slide C)	<=200% (Slide D)	>200% (Slide E)
1	\$15,060	\$20,783	\$25,150	\$30,120	30121
2	\$20,440	\$28,207	\$34,135	\$40,880	40881
3	\$25,820	\$35,632	\$43,119	\$51,640	51641
4	\$31,200	\$43,056	\$52,104	\$62,400	62401
5	\$36,580	\$50,480	\$61,089	\$73,160	73161
6	\$41,960	\$57,905	\$70,073	\$83,920	83921
7	\$47,340	\$65,329	\$79,058	\$94,680	94681
8	\$52,720	\$72,754	\$88,042	\$105,440	105441
Incremental income of 5380 for households over 8					

**PILLARS COMMUNITY HEALTH  
FQHC SLIDING SCALE EFFECTIVE 7/1/2024**

FAMILY SIZE Miembros de Familia	SLIDE	ANNUAL FAMILY INCOME INGRESO ANUAL	UNINSURED COPAY PER VISIT Co-pago Por Consulta				%age of Poverty  As a guide only
			MEDICAL Médico	BRIEF INTERVENTION AND COUNSELING (Individual, Family and Group) Consejería Breve	Other Dental Services Discount off Charges (See attached)	Dental Preventative Services	
1	A	\$0 - \$15,060	\$20	\$1	55%	\$35	<=100%
	B	\$15,061 - \$20,783	\$30	\$2	45%	\$45	<=138%
	C	\$20,784 - \$25,150	\$40	\$3	40%	\$50	<=167%
	D	\$25,151 - \$30,120	\$50	\$5	35%	\$55	<=200%
	E	\$30,121 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%
2	A	\$0 - \$20,440	\$20	\$1	55%	\$35	<=100%
	B	\$20,441 - \$28,207	\$30	\$2	45%	\$45	<=138%
	C	\$28,208 - \$34,135	\$40	\$3	40%	\$50	<=167%
	D	\$34,136 - \$40,880	\$50	\$5	35%	\$55	<=200%
	E	\$40,881 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%
3	A	\$0 - \$25,820	\$20	\$1	55%	\$35	<=100%
	B	\$25,821 - \$35,632	\$30	\$2	45%	\$45	<=138%
	C	\$35,633 - \$43,119	\$40	\$3	40%	\$50	<=167%
	D	\$43,120 - \$51,640	\$50	\$5	35%	\$55	<=200%
	E	\$51,641 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%
4	A	\$0 - \$31,200	\$20	\$1	55%	\$35	<=100%
	B	\$31,201 - \$43,056	\$30	\$2	45%	\$45	<=138%
	C	\$43,057 - \$52,104	\$40	\$3	40%	\$50	<=167%
	D	\$52,105 - \$62,400	\$50	\$5	35%	\$55	<=200%
	E	\$62,401 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%
5	A	\$0 - \$36,580	\$20	\$1	55%	\$35	<=100%
	B	\$36,581 - \$50,480	\$30	\$2	45%	\$45	<=138%
	C	\$50,481 - \$61,089	\$40	\$3	40%	\$50	<=167%
	D	\$61,090 - \$73,160	\$50	\$5	35%	\$55	<=200%
	E	\$73,161 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%
6	A	\$0 - \$41,960	\$20	\$0	55%	\$35	<=100%
	B	\$41,961 - \$57,905	\$30	\$2	45%	\$45	<=138%
	C	\$57,906 - \$70,073	\$40	\$3	40%	\$50	<=167%
	D	\$70,074 - \$83,920	\$50	\$5	35%	\$55	<=200%
	E	\$83,921 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%
7	A	\$0 - \$47,340	\$20	\$1	55%	\$35	<=100%
	B	\$47,341 - \$65,329	\$30	\$2	45%	\$45	<=138%
	C	\$65,330 - \$79,058	\$40	\$3	40%	\$50	<=167%
	D	\$79,059 - \$94,680	\$50	\$5	35%	\$55	<=200%
	E	\$94,681 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%
8	A	\$0 - \$52,720	\$20	\$1	55%	\$35	<=100%
	B	\$52,721 - \$72,754	\$30	\$2	45%	\$45	<=138%
	C	\$72,755 - \$88,042	\$40	\$3	40%	\$50	<=167%
	D	\$88,043 - \$105,440	\$50	\$5	35%	\$55	<=200%
	E	\$105,441 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%
9	A	\$0 - \$58,100	\$20	\$1	55%	\$35	<=100%
	B	\$58,101 - \$80,178	\$30	\$2	45%	\$45	<=138%
	C	\$80,179 - \$97,027	\$40	\$3	40%	\$50	<=167%
	D	\$97,028 - \$116,200	\$50	\$5	35%	\$55	<=200%
	E	\$116,201 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%
10	A	\$0 - \$63,480	\$20	\$11	55%	\$35	<=100%
	B	\$63,481 - \$87,602	\$30	\$2	45%	\$45	<=138%
	C	\$87,603 - \$106,012	\$40	\$3	40%	\$50	<=167%
	D	\$106,013 - \$126,960	\$50	\$5	35%	\$55	<=200%
	E	\$126,961 - or above	Full Charge based on Services - Precio Completo basado en los Servicios			\$147	>200%

**PILLARS COMMUNITY HEALTH 7/1/2024  
DENTAL SLIDING SCALE EFFECTIVE**

		Sliding Scale Level					E
		Full	A	B	C	D	
	Exams and Cleanings						
Adult New Patient	First Visit Exam and X-Rays	\$99	\$35	\$45	\$50	\$55	\$99
Child New Patient	First Visit Exam, X-Rays, Cleaning and Fluoride Treatment	\$99	\$35	\$45	\$50	\$55	\$99
Established Patient	Visit fee includes services listed below. Full fee patients will pay the lesser of 147.00 or actual charges	\$147	\$35	\$45	\$50	\$55	\$147
D0001	Treatment Plan Initiated	\$0					
D0005	Completed Sealants	\$0					
D0120	Periodic exam - established patient	\$54					
D0140	Oral Evaluation Problem Focused	\$90					
D0145	Oral Evaluation Patient <3 yrs	\$84					
D0150	Comprehensive Exam New or Established	\$95					
D0190	Treatment Plan Completed	\$0					
D0191	Hygiene Plan Completed	\$0					
D1110	Prophylaxis-Adult	\$98					
D1120	Prophylaxis-Child	\$68					
D1206	Top Fluoride Varnish	\$46					
D1330	Oral Hygiene Instructions	\$0					
D0210	Interoral Complete Series	\$151					
D0220	Interoral Priapical First Image	\$30					
D0230	Interoral Each Additional	\$27					
D0270	Bitewing Single Image	\$30					
D0272	Bitewing Two Images	\$47					
D0273	Bitewing Three Images	\$58					
D0274	Bitewing Four Images	\$67					
D0412	Glucose in Dental office	\$0					
D0601	Caries Risk Assess Doc Find Low Rsk	\$0					
D0602	Caries Risk Assess Doc Find Mod Rsk	\$0					
D0603	Caries Risk Assess Doc Find Hi Rsk	\$0					

**PILLARS COMMUNITY HEALTH  
DENTAL SLIDING SCALE(PERIDONTAL AND RESTORATIVE) EFFECTIVE 7/1/2024**

Established Patient		Sliding Scale Level					
		Charge	A	B	C	D	E
	Peridental Work per Quadrant						
D4341	Prd SC & RT PL 4 or more teeth per quadrant	\$252	\$50	\$55	\$58	\$60	\$252
D4342	Prd SC & RT PL 1-3	\$146	\$50	\$55	\$58	\$60	\$146
*D4346	Scalng Gngival Inflamm Full Mounth Afrt Oral Eval	\$146	\$50	\$55	\$58	\$60	\$146
D4355	Full mouth Debrid to Enable Comp Evaluation and DX	\$173	\$50	\$55	\$58	\$60	\$173
D4910	Peridental Mainteance	\$155	\$50	\$55	\$58	\$60	\$155

\*not an HFS approved service all patients (including those with insurance needs to sign a fee consent form for non covered charges and will be assessed full fee or SSD)

Established Patient		Sliding Scale Level					
		Charge	A	B	C	D	E
	Restorative Work						
	Discount % off Full Fees		55%	45%	40%	35%	0%
D1351	Sealant - Per tooth PROTECTIVE COATING PLACED ON THE GROOVES OF MOLARS	\$60	\$27	\$33	\$36	\$39	\$60
D1354	Interim Caries Arresting Med Applic LIQUID SILVER DIAMINE FLUORIDE APPLIED DIRECTLY TO A TOOTH OR ROOT SURFACE THAT EXHIBITS A CAVITY	\$60	\$27	\$33	\$36	\$39	\$60
D2330	Resin-Based Composite One Surface Anterior TOOTH COLORED FILLING PLACED ON ONE SURFACE OF UPPER OR LOWER ANTERIOR TEETH	\$162	\$73	\$89	\$97	\$105	\$162
D2331	Resin-Based Composite Two Surfaces Anterior TOOTH COLORED FILLING PLACED ON FRONT TEETH	\$207	\$93	\$114	\$124	\$135	\$207
D2332	Resin-Based Composite Three Surfaces Anterior TOOTH COLORED FILLING PLACED FRONT TEETH	\$254	\$114	\$140	\$152	\$165	\$254
D2335	Resin-Based Composite 4>Surfaces Incisal Angel TOOTH COLORED FILLING PLACED ON FRONT TEETH	\$300	\$135	\$165	\$180	\$195	\$300
D2391	Resin-Based Composite One Surface Posterior TOOTH COLORED FILLING PLACED ON POSTERIOR OR BACK TEETH SUCH AS PREMOLARS AND MOLAR	\$190	\$86	\$105	\$114	\$124	\$190
D2392	Resin-Based Composite Two Surfaces Posterior TOOTH COLORED FILLING PLACED ON POSTERIOR OR BACK TEETH SUCH AS PREMOLARS AND MOLAR	\$249	\$112	\$137	\$149	\$162	\$249
D2393	Resin-Based Composite Three Surfaces Posterior	\$309	\$139	\$170	\$185	\$201	\$309
D2394	Resin Compos-Four or More Surfaces Posterior TOOTH COLORED FILLING PLACED ON POSTERIOR OR BACK TEETH SUCH AS PREMOLARS AND MOLARS	\$378	\$170	\$208	\$227	\$246	\$378
D2930	Prefabricated crown for primary tooth TOOTH COLORED FILLING PLACED ON POSTERIOR OR BACK TEETH SUCH AS PREMOLARS AND MOLARS	\$306	\$138	\$168	\$184	\$199	\$306
D2940	Protective Restoration TEMPORARY FILLING PLACED ON ANY TOOTH PRIMARY OR PERMANENT	\$117	\$53	\$64	\$70	\$76	\$117
D3220	Tx Pulp-Remv pulp coronal dentinceme ROOT CANAL OR NERVE TREATMENT ON A PRIMARY OR BABY TOOTH. ALSO,REFERRED TO AS A BABY ROOT CANAL	\$230	\$104	\$127	\$138	\$150	\$230
D7140	Extraction Erupted Tooth or Exposed Root EXTRACTION OR REMOVAL OF A TOOTH OR ROOT THAT IS ERUPTED. SIMPLE EXTRACTION	\$198	\$89	\$109	\$119	\$129	\$198
D7210	Surg Removal Erupted Tooth Remv Bone Elev Flap SURGICAL EXTRACTION	\$302	\$136	\$166	\$181	\$196	\$302
D8090	Comp Orthodontic Tx Adult Dentition BRACES, BRACKETS	\$0	\$0	\$0	\$0	\$0	\$0
D9430	Office Visit Observation No Other Srvc Performed	\$0	\$0	\$0	\$0	\$0	\$0
*D6199	Restoring an Implant Crown						

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