Holyoke Health Center, Inc.

Sliding Discount Fee Schedule for Medical, Behavioral Health & Dental (Required)

Citati	I DISCOULT	ee orneune ioi	Medical, Delia	TOTAL LICEUS OF D	Simily Discoult Fee Scriedule for Medical, Bellavioral Freatis & Bellai (Nequileu)	
Poverty Level*	100%	101 %- 125%	126% - 150%	151% - 175%	176% - 200%   Over 200%	Over 200%
		20% pay or	40% pay or	60% pay or	80% pay or	
Family Size	\$20	minimum \$21	minimum \$22	mimimum \$23	mimimum \$24	Full Fee
	\$14,580	\$18,225	\$21,870	\$25,515	\$29,160	\$29,161
2	\$19,720	\$24,650	\$29,580	\$34,510	\$39,440	\$39,441
ယ	\$24,860	\$31,075	\$37,290	\$43,505	\$49,720	\$49,721
4	\$30,000	\$37,500	\$45,000	\$52,500	\$60,000	\$60,001
O1	\$35,140	\$43,925	\$52,710	\$61,495	\$70,280	\$70,281
o o	\$40,280	\$50,350	\$60,420	\$70,490	\$80,560	\$80,561
7	\$45,420	\$56,775	\$68,130	\$79,485	\$90,840	\$90,841
œ	\$50,560	\$63,200	\$75,840	\$88,480	\$101,120	\$101,121
For each additional person, add	\$5,140	\$6,425	\$7,710	\$8,995	\$10,280	
* Based on 2023 HHS Poverty Guidelines (http://aspe.hhs.gov/poverty-guidelines)	HS Poverty G	uidelines (http://a	voa/vob.shh.aasi	ertv-auidelines)		

Based on 2023 HHS Poverty Guidelines (http://aspe.hhs.gov/poverty-guidelines)

Nominal Fee

\$20.00

<sup>\*\*</sup> For clients receiving Title X Family Planning services only, the minimum fee will be waived in accordance with our contract with Title X as discussed in the Sliding Fee Discount Policy.

Holyoke Health Center, Inc.

Sliding Discount Fee Schedule for Dental (Restorative)

		1.000	Citating property or conference for period (100 for the co	O	3.50)	
Poverty Level*	100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	Over 200%
Family Size	\$100 :	50% pay or minimum	65% pay or minimum	80% pay or minimum	95% pay or minimum	
•		\$101	\$102	\$103	\$104	Full Fee
1	\$14,580	\$18,225	\$21,870	\$25,515	\$29,160	\$29,161
2	\$19,720	\$24,650	\$29,580	\$34,510	\$39,440	\$39,441
ა	\$24,860	\$31,075	\$37,290	\$43,505	\$49,720	\$49,721
4	\$30,000	\$37,500	\$45,000	\$52,500	\$60,000	\$60,001
Óī	\$35,140	\$43,925	\$52,710	\$61,495	\$70,280	\$70,281
6	\$40,280	\$50,350	\$60,420	\$70,490	\$80,560	\$80,561
7	\$45,420	\$56,775	\$68,130	\$79,485	\$90,840	\$90,841
8	\$50,560	\$63,200	\$75,840	\$88,480	\$101,120	\$101,121
For each additional person, add	\$5 140	\$6 425	\$7.710	\$8.995	\$10.280	
* Based on 2023 HHS Boyetty Guidelines (http://asne this gov/powerty-guidelines)	Downty Child	Nince (http://geno	the coulonation	quidelines)		

<sup>\*</sup> Based on 2023 HHS Poverty Guidelines (http://aspe.hhs.gov/poverty-guidelines)

Nominal Fee is \$100.00 Patients are required to pay the full cost of appliances while the

<sup>\*</sup> Supply / lab costs incident to service for dentures, crowns, bridges, etc. - are billed to clients based on HHC actual cost

Holyoke Health Center, Inc.

Sliding Discount Fee Schedule for Dental - Ortho Ancillary

Poverty Level*	100%	101% - 125%	126% - 150%	101% - 125% 126% - 150% 151% - 175% 176% -	176% - 200%	200% Over 200%
Family Siza	<del>4</del>	50% pay or	65% pay or	80% pay or	95% pay or	
•		\$101	\$102	\$103	\$104	Full Fee
3	\$14,580	\$18,225	\$21,870	\$25,515	\$29,160	\$29,161
2	\$19,720	\$24,650	\$29,580	\$34,510	\$39,440	\$39,441
ယ	\$24,860	\$31,075	\$37,290	\$43,505	\$49,720	\$49,721
4	\$30,000	\$37,500	\$45,000	\$52,500	\$60,000	\$60,001
රා	\$35,140	\$43,925	\$52,710	\$61,495	\$70,280	\$70,281
0	\$40,280	\$50,350	\$60,420	\$70,490	\$80,560	\$80,561
7	\$45,420	\$56,775	\$68,130	\$79,485	\$90,840	\$90,841
8	\$50,560	\$63,200	\$75,840	\$88,480	\$101,120	\$101,121
For each additional						
person, add	\$5,140	\$6,425	\$7,710	\$8,995	\$10,280	

<sup>\*</sup> Based on 2023 HHS Poverty Guidelines (http://aspe.hhs.gov/poverty-guidelines)

Nominal Fee is	
\$100.00	
Patients are required to pay the full cost of appliances while the	

<sup>\*</sup> Supply / lab costs incident to ortho service - are billed to clients based on HHC actual cost

Holyoke Health Center, Inc.

Sliding Discount Fee Schedule for Dental Ortho Treatment

	in Buine	Scount ree Sci	Sliding Discount Fee Schedule for Dental Ordio Treatment	al Oruio Treati	Hent	
Poverty Level*	100%	101% - 125%.	101% - 125%   126% - 150%	151% - 175%   176% - 2	00%	Over 200%
		50% pay or	65% pay or	80% pay or	95% pay or	
Family Size	\$1,500	minimum	minimum	minimum	minimum	
		\$1,501	\$1,502	\$1,503	\$1,504	Full Fee
7	\$14,580	\$18,225	\$21,870	\$25,515	\$29,160	\$29,161
2	\$19,720	\$24,650	\$29,580	\$34,510	\$39,440	\$39,441
ယ	\$24,860	\$31,075 .	\$37,290	\$43,505	\$49,720	\$49,721
4	\$30,000	\$37,500	\$45,000	\$52,500	\$60,000	\$60,001
5	\$35,140	\$43,925	\$52,710	\$61,495	\$70,280	\$70,281
6	\$40,280	-\$50,350	\$60,420	\$70,490	\$80,560	\$80,561
7	\$45,420	\$56,775	\$68,130	\$79,485	\$90,840	\$90,841
8	\$50,560	\$63,200	\$75,840	\$88,480	\$101,120	\$101,121
For each additional		***				
person, add	\$5,140	\$6,425	\$7,710	\$8,995	\$10,280	

<sup>\*</sup> Based on 2023 HHS Poverty Guidelines (http://aspe.hhs.gov/poverty-guidelines)

Nominal Fee is \$1,500.00 Patients are required to pay the full cost of appliances while the

<sup>\*</sup> Supply / lab costs incident to ortho service - are billed to clients based on HHC actual cost