

Medical/Dental Visits Visitas Médicas/Dentales	Sliding Fee Yellow Tarifa Amarilla	*Sliding Fee Green Tarifa Verde	*Sliding Fee Purple Tarifa Morada	* Sliding Fee Orange Tarifa Naranja	*Sliding Fee Blue Tarifa Azul	Full Fee Tarifa Completa
# People Living In Household # de Personas en la Casa	<100% Poverty Level <100% del Nivel de la Pobresa	101-125% Poverty Level 101-125% del Nivel de la Pobresa	126-150% Poverty Level 126-150% del Nivel de la Pobresa	151-175% Poverty Level 151-175% del Nivel de la Pobresa	176-200% Poverty Level 176-200% del Nivel de la Pobresa	>200% Poverty Level >200% del Nivel de la Pobresa
1	14,580	14,581 - 18,225	18,226 - 21,870	21,871 - 25,515	25,516 - 29,160	29,160
2	19,720	19,721 - 24,650	24,651 - 29,580	29,581 - 34,510	34,511 - 39,440	39,440
3	24,860	24,861 - 31,075	31,076 - 37,290	37,291 - 43,505	43,506 - 49,720	49,720
4	30,000	30,001 - 37,500	37,501 - 45,000	45,001 - 52,500	52,501 - 60,000	60,000
5	35,140	35,141 - 43,925	43,926 - 52,710	52,711 - 61,495	61,496 - 70,280	70,280
6	40,280	40,281 - 50,350	50,351 - 60,420	60,421 - 70,490	70,491 - 80,560	80,560
7	45,420	45,421 - 56,775	56,776 - 68,130	68,131 - 79,485	79,486 - 90,840	90,840
8	50,560	50,561 - 63,200	63,201 - 75,840	75,841 - 88,480	88,481 - 101,120	101,120

Examples of Office Visit Fees

Medical Office Visit Visita Médica	\$23	*\$25	*\$29	*\$32	*\$33	See Fee Schedule Vea la lista de cargos
Dental Exam & X-Rays (Cleaning & Panelipse at Additional Charge) Examen Dental & Radiografía (no incluye limpieza y cierta radiografía)	*\$30 per visit for exam, cleaning, x- rays, fluoride, and sealant routine preventive services only	*\$31	*\$34	*\$37	*\$40	See Fee Schedule Vea la lista de cargos

***There may be additional fees for other services including labs and procedures**
***Es posible que habrá cargos adicionales para otros servicios incluye pruebas de laboratorio y procedimientos.**

No one will be denied access to services due to inability to pay.

We do not to discriminate in the provision of services to an individual based on: the individual's inability to pay; whether payment for services would be made by the individual, Medicare, Medicaid, CHIP or Private Insurance; the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.