



Annual Income Thresholds by Sliding Fee Discount Schedule Pay Class and Percent Poverty						
Household Size	Fee					100% of Charges
	\$10.00 (Nominal Fee)	\$15	\$20	\$30		
	Poverty Level*					
	At or Below 100%	101 - 125%	126 - 150%	151 - 200%	Above 200%	
1	\$0 - \$12,060	\$12,061 - \$15,075	\$15,076 - \$18,090	\$18,091 - \$24,120	\$24,121+	
2	\$0 - \$16,240	\$16,241 - \$20,300	\$20,301 - \$24,360	\$24,361 - \$32,480	\$32,481+	
3	\$0 - \$20,420	\$20,421 - \$25,525	\$25,526 - \$30,630	\$30,631 - \$40,840	\$40,841+	
4	\$0 - \$24,600	\$24,601 - \$30,750	\$30,751 - \$36,900	\$36,901 - \$49,200	\$49,201+	
5	\$0 - \$28,780	\$28,781 - \$35,975	\$35,976 - \$43,170	\$43,171 - \$57,560	\$57,561+	
6	\$0 - \$32,960	\$32,961 - \$41,200	\$41,201 - \$49,440	\$49,441 - \$65,920	\$65,921+	
7	\$0 - \$37,140	\$37,141 - \$46,425	\$46,426 - \$55,710	\$55,711 - \$74,280	\$74,281+	
8	\$0 - \$41,320	\$41,321 - \$51,650	\$51,651 - \$61,980	\$61,981 - \$82,640	\$82,641+	
9	\$0 - \$45,500	\$45,501 - \$56,875	\$56,876 - \$68,250	\$68,251 - \$91,000	\$91,001+	
10	\$0 - \$49,680	\$49,681 - \$62,100	\$62,101 - \$74,520	\$74,521 - \$99,360	\$99,361+	
11	\$0 - \$53,860	\$53,861 - \$67,325	\$67,326 - \$80,790	\$80,791 - \$107,720	\$107,721+	
12	\$0 - \$58,040	\$58,041 - \$72,550	\$72,551 - \$87,060	\$87,061 - \$116,080	\$116,081+	
13	\$0 - \$62,220	\$62,221 - \$77,775	\$77,776 - \$93,330	\$93,331 - \$124,440	\$124,441+	
14	\$0 - \$66,400	\$66,401 - \$83,000	\$83,001 - \$99,600	\$99,601 - \$132,800	\$132,801+	
15	\$0 - \$70,580	\$70,581 - \$88,225	\$88,226 - \$105,870	\$105,871 - \$141,160	\$141,161+	
For each additional person, add...	\$4,180	\$5,225	\$6,270	\$8,360	\$8,360	

\*Based on 2017 Federal Poverty Guidelines

Discounted charge includes all services performed by the Center during visit (e.g. in-house injection or in-house lab). Patients may incur additional charges for supplies not incident to service (e.g. prescription drugs or third-party labs).

Cumberland Family Medical Center, Inc.  
 Sliding Fee Discount Schedule for Dental Services



Annual Income Thresholds by Sliding Fee Discount Schedule Pay Class and Percent Poverty					
Household Size	Fee				
	\$25.00 (Nominal Fee)	30% of Charges	40% of Charges	50% of Charges	100% of Charges
	Poverty Level*				
	At or Below 100%	101 - 125%	126 - 150%	151 - 200%	Above 200%
1	\$0 - \$12,060	\$12,061 - \$15,075	\$15,076 - \$18,090	\$18,091 - \$24,120	\$24,121+
2	\$0 - \$16,240	\$16,241 - \$20,300	\$20,301 - \$24,360	\$24,361 - \$32,480	\$32,481+
3	\$0 - \$20,420	\$20,421 - \$25,525	\$25,526 - \$30,630	\$30,631 - \$40,840	\$40,841+
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5	\$0 - \$28,780	\$28,781 - \$35,975	\$35,976 - \$43,170	\$43,171 - \$57,560	\$57,561+
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7	\$0 - \$37,140	\$37,141 - \$46,425	\$46,426 - \$55,710	\$55,711 - \$74,280	\$74,281+
8	\$0 - \$41,320	\$41,321 - \$51,650	\$51,651 - \$61,980	\$61,981 - \$82,640	\$82,641+
9	\$0 - \$45,500	\$45,501 - \$56,875	\$56,876 - \$68,250	\$68,251 - \$91,000	\$91,001+
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13	\$0 - \$62,220	\$62,221 - \$77,775	\$77,776 - \$93,330	\$93,331 - \$124,440	\$124,441+
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