

HRSA Sliding Fee Discount 2025								
Service	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Full Fee
Medical	\$ 30.00	\$ 35.00	\$ 40.00	\$ 45.00	\$ 50.00	\$ 55.00	\$ 60.00	No Discount
Specialist <i>(Chiropractor, Psych APN, Nutrition, and Podiatry)</i>	\$ 40.00	\$ 45.00	\$ 50.00	\$ 55.00	\$ 60.00	\$ 65.00	\$ 70.00	
Prenatal	\$ 20.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 40.00	\$ 45.00	\$ 50.00	
Behavioral Health	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 40.00	
GYN Procedure*	\$ 75.00	\$ 85.00	\$ 95.00	\$ 105.00	\$ 115.00	\$ 125.00	\$ 135.00	
Household Size**	Household Income							
	0% - 100%	>100% - 120%	>120% - 135%	>135% - 150%	>150% - 175%	>175% - 185%	>185% - 200%	>200%
1	\$0	\$15,651	\$18,781	\$21,129	\$23,476	\$27,389	\$28,954	\$31,301
	\$15,650	\$18,780	\$21,128	\$23,475	\$27,388	\$28,953	\$31,300	&above
2	\$0	\$21,151	\$25,381	\$28,554	\$31,726	\$37,014	\$39,129	\$42,301
	\$21,150	\$25,380	\$28,553	\$31,725	\$37,013	\$39,128	\$42,300	&above
3	\$0	\$26,651	\$31,981	\$35,979	\$39,976	\$46,639	\$49,304	\$53,301
	\$26,650	\$31,980	\$35,978	\$39,975	\$46,638	\$49,303	\$53,300	&above
4	\$0	\$32,151	\$38,581	\$43,404	\$48,226	\$56,264	\$59,479	\$64,301
	\$32,150	\$38,580	\$43,403	\$48,225	\$56,263	\$59,478	\$64,300	&above
5	\$0	\$37,651	\$45,181	\$50,829	\$56,476	\$65,889	\$69,654	\$75,301
	\$37,650	\$45,180	\$50,828	\$56,475	\$65,888	\$69,653	\$75,300	&above
6	\$0	\$43,151	\$51,781	\$58,254	\$64,726	\$75,514	\$79,829	\$86,301
	\$43,150	\$51,780	\$58,253	\$64,725	\$75,513	\$79,828	\$86,300	&above
7	\$0	\$48,651	\$58,381	\$65,679	\$72,976	\$85,139	\$90,004	\$97,301
	\$48,650	\$58,380	\$65,678	\$72,975	\$85,138	\$90,003	\$97,300	&above
8	\$0	\$54,151	\$64,981	\$73,104	\$81,226	\$94,764	\$100,179	\$108,301
	\$54,150	\$64,980	\$73,103	\$81,225	\$94,763	\$100,178	\$108,300	&above
*IUD devices are not included in these figures, and will be charged at 100% cost								
**Each additional family member (over 8) add \$5,500								

HRSA Dental SFDP_2025

HRSA Dental Sliding Fee Discount 2025								
Service*	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Full Fee
Consultation without x-rays	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 40.00	\$ 45.00	No Discount
Diagnostic (Emergency only) / Simple Repairs/Cleaning (Hygienist)	\$ 25.00	\$ 30.00	\$ 35.00	\$ 40.00	\$ 45.00	\$ 50.00	\$ 55.00	
Preventative (NP /Recall Exams)	\$ 45.00	\$ 50.00	\$ 55.00	\$ 60.00	\$ 65.00	\$ 70.00	\$ 75.00	NP \$130/Recall \$90
Sealants (Per Tooth)	\$ 5.00	\$ 12.00	\$ 15.00	\$ 17.00	\$ 20.00	\$ 22.00	\$ 25.00	No Discount
Level 1 Restorative Service	\$ 50.00	\$ 53.00	\$ 56.00	\$ 60.00	\$ 63.00	\$ 66.00	\$ 70.00	
Level 2 Restorative service	\$ 60.00	\$ 63.00	\$ 66.00	\$ 70.00	\$ 73.00	\$ 76.00	\$ 80.00	
Endodontics (RCT)	\$ 60.00	\$ 65.00	\$ 70.00	\$ 75.00	\$ 80.00	\$ 85.00	\$ 90.00	
Periodontics	\$ 40.00	\$ 45.00	\$ 50.00	\$ 55.00	\$ 60.00	\$ 65.00	\$ 70.00	
Crowns (Per Tooth)	\$ 100.00	\$ 110.00	\$ 115.00	\$ 125.00	\$ 130.00	\$ 140.00	\$ 145.00	
Bridges	\$ 150.00	\$ 160.00	\$ 165.00	\$ 175.00	\$ 180.00	\$ 190.00	\$ 195.00	
Dentures	\$ 125.00	\$ 135.00	\$ 140.00	\$ 150.00	\$ 155.00	\$ 165.00	\$ 170.00	
Oral Surgery	\$ 65.00	\$ 75.00	\$ 85.00	\$ 95.00	\$ 100.00	\$ 110.00	\$ 120.00	
Adjustment/Repairs	\$ 50.00	\$ 58.00	\$ 62.00	\$ 65.00	\$ 68.00	\$ 72.00	\$ 75.00	
Nightguard	\$ 55.00	\$ 60.00	\$ 65.00	\$ 70.00	\$ 75.00	\$ 80.00	\$ 85.00	
Household Size**	Household Income							
	0% - 100%	>100% - 120%	>120% - 135%	>135% - 150%	>150% - 175%	>175% - 185%	>185% - 200%	>200%
1	\$0	\$15,651	\$18,781	\$21,129	\$23,476	\$27,389	\$28,954	\$31,301
	\$15,650	\$18,780	\$21,128	\$23,475	\$27,388	\$28,953	\$31,300	&above
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	\$54,150	\$64,980	\$73,103	\$81,225	\$94,763	\$100,178	\$108,300	&above

* Materials / dental prosthesis are charged separately at 100% cost (Dentures, Bridges, Crowns, Night Guard, etc.). Separate costs will be communicated to the patient prior to the rendering of services

** Each additional family member (over 8) add \$5,500