



# COMMUNITY HEALTH CENTER

Visiting Nurse Association of Central Jersey

## HRSA Dental Assistance Referral Form 2026

Patient Name: \_\_\_\_\_ DOB Patient: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age of Patient: \_\_\_\_\_

### SECTION I:

Annual Family Income \$ \_\_\_\_\_

Family Size: \_\_\_\_\_

Divided by 12 (Monthly Family Income) \$ \_\_\_\_\_

SECTION II (circle the box that applies; if no box applies, go to SECTION III)

| HRSA Dental Sliding Fee Discount 2026                             |           |           |           |           |           |           |           |                      |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------------------|
| 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              | \$15,961     | \$19,153     | \$21,547     | \$23,941     | \$27,931     | \$29,527     | \$31,921  |
|                  | \$15,960         | \$19,152     | \$21,546     | \$23,940     | \$27,930     | \$29,526     | \$31,920     | &above    |
| 2                | \$0              | \$21,641     | \$25,969     | \$29,215     | \$32,461     | \$37,871     | \$40,035     | \$43,281  |
|                  | \$21,640         | \$25,968     | \$29,214     | \$32,460     | \$37,870     | \$40,034     | \$43,280     | &above    |
| 3                | \$0              | \$27,321     | \$32,785     | \$36,883     | \$40,981     | \$47,811     | \$50,543     | \$54,641  |
|                  | \$27,320         | \$32,784     | \$36,882     | \$40,980     | \$47,810     | \$50,542     | \$54,640     | &above    |
| 4                | \$0              | \$33,001     | \$39,601     | \$44,551     | \$49,501     | \$57,751     | \$61,051     | \$66,001  |
|                  | \$33,000         | \$39,600     | \$44,550     | \$49,500     | \$57,750     | \$61,050     | \$66,000     | &above    |
| 5                | \$0              | \$38,681     | \$46,417     | \$52,219     | \$58,021     | \$67,691     | \$71,559     | \$77,361  |
|                  | \$38,680         | \$46,416     | \$52,218     | \$58,020     | \$67,690     | \$71,558     | \$77,360     | &above    |
| 6                | \$0              | \$44,361     | \$53,233     | \$59,887     | \$66,541     | \$77,631     | \$82,067     | \$88,721  |
|                  | \$44,360         | \$53,232     | \$59,886     | \$66,540     | \$77,630     | \$82,066     | \$88,720     | &above    |
| 7                | \$0              | \$50,041     | \$60,049     | \$67,555     | \$75,061     | \$87,571     | \$92,575     | \$100,081 |
|                  | \$50,040         | \$60,048     | \$67,554     | \$75,060     | \$87,570     | \$92,574     | \$100,080    | &above    |
| 8                | \$0              | \$55,721     | \$66,865     | \$75,223     | \$83,581     | \$97,511     | \$103,083    | \$111,441 |
|                  | \$55,720         | \$66,864     | \$75,222     | \$83,580     | \$97,510     | \$103,082    | \$111,440    | &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

\*\*For families/households with greater than 8 people, please refer to the Department of Health and Human Services Federal Poverty Guidelines detailed data.

### SECTION III

The patient will not be referred for Medicaid/NJ Family Care/ACA or other governmental medical assistance programs because (check all that apply):

\_\_\_\_\_ Monthly family income is too high

\_\_\_\_\_ Patient (child) is too old

\_\_\_\_\_ Patient unable to document alien status

\_\_\_\_\_ Patient does not live in NJ

\_\_\_\_\_ Other: \_\_\_\_\_

### SECTION IV (this section is to be completed by the patient)

Health Center staff has informed me about Medicaid/NJ Family Care/other governmental medical assistance programs. (Check only one below)

\_\_\_\_\_ I understand that I/my dependent may qualify for one of the above referenced programs. I accept the referral and agree to apply for medical assistance.

\_\_\_\_\_ I understand that I/my dependent does not qualify for any of the above referenced programs, consequently I/my dependent is not being referred for medical assistance.

\_\_\_\_\_ I understand that I/my dependent may qualify for one of the above referenced programs. However, I am not interested in applying for any of the medical assistance programs at this time and understand I will be responsible for all fees related to my care and/or that of my dependent(s).

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Health Center Staff

\_\_\_\_\_  
Date