



SPROUT DENTAL HAS ADOPTED THE FOLLOWING POLICIES FOR CHARGES FOR HEALTHCARE SERVICES.

We will charge persons receiving Health Services at the usual and customary rate prevailing in this area. Health Services will be provided at no charge, or at a reduced charge, to persons unable to pay for services. In addition, persons will be charged for services to the extent that payment will be made by a third party authorized or under legal obligation to pay the charges.

We will not discriminate against any person receiving Health Services because of his/her inability to pay for services, or because payment for the Health Services will be made under Part A or B of Title XVIII (“Medicare”) or Title XIX (“Medicaid”) of the Social Security Act.

We will accept assignment under the Social Security Act for all services for which payment may be made under Part B of Title XVIII (“Medicare”) of the Act.

We have an agreement with the State agency, which administers the State Plan for medical assistance under Title XIX (“Medicaid”) of the Social Security Act to provide services to persons entitled to medical assistance under the plan.

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)

Poverty Level*	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
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DISCOUNT

Family Size	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
1	\$12,060	\$13,266	\$14,472	\$15,678	\$16,884	\$18,090	\$19,296	\$20,502	\$21,708	\$22,914	\$24,120	\$24,121
2	\$16,040	\$17,644	\$19,248	\$20,852	\$22,456	\$24,060	\$25,664	\$27,268	\$28,872	\$30,476	\$32,080	\$32,481
3	\$20,420	\$22,462	\$24,504	\$26,546	\$28,588	\$30,630	\$32,672	\$34,714	\$36,756	\$38,798	\$40,840	\$40,841
4	\$24,600	\$27,060	\$29,520	\$31,980	\$34,400	\$36,900	\$39,360	\$41,820	\$44,280	\$46,740	\$49,200	\$49,201
5	\$28,780	\$31,658	\$34,536	\$37,414	\$40,292	\$43,170	\$46,048	\$48,926	\$51,804	\$54,682	\$57,560	\$57,561
6	\$32,960	\$36,256	\$39,552	\$42,848	\$46,144	\$49,440	\$52,736	\$56,032	\$59,328	\$62,624	\$65,920	\$65,291
7	\$37,140	\$40,854	\$44,568	\$48,282	\$51,996	\$55,710	\$59,424	\$63,138	\$66,852	\$70,566	\$74,280	\$74,281
8	\$41,320	\$45,452	\$49,584	\$53,716	\$57,848	\$61,980	\$66,112	\$70,244	\$74,376	\$78,508	\$82,640	\$82,641
Each additional member	\$4,180	\$4,598	\$5,016	\$5,434	\$5,852	\$6,270	\$6,688	\$7,106	\$7,524	\$7,942	\$8,360	\$8,360

*Based on 2017 HHS Poverty Guidelines (<https://aspe.hhs.gov/poverty-guidelines>)

If you have questions about this new policy, please contact us at 570-253-0358 or email smile@sproutdental.com.