

Dental Sliding Athens Neighborhood Health Center Sliding Fee Scale - 2026

Applies to Oral Evaluation and Evaluation with Prohys/Other Services not Listed in a Separate Table

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty					
Poverty Level*	At or Below 100%	125%	150%	175%	>200%
Family Size	Pay \$50	Pay \$65	Pay \$80	Pay \$95	Pay \$125
1	\$15,960	\$19,950	\$23,940	\$27,930	\$31,920
2	\$21,640	\$27,050	\$32,460	\$37,870	\$43,280
3	\$27,320	\$34,150	\$40,980	\$47,810	\$54,640
4	\$33,000	\$41,250	\$49,500	\$57,750	\$66,000
5	\$38,680	\$48,350	\$58,020	\$67,690	\$77,360
6	\$44,360	\$55,450	\$66,540	\$77,630	\$88,720
7	\$50,040	\$62,550	\$75,060	\$87,570	\$100,080
8	\$55,720	\$69,650	\$83,580	\$97,510	\$111,440

For families/households with more than 8 persons, add \$5,500 for each additional person.

Applies to Extractions (per tooth), Fillings (per tooth), Sealents (per tooth)

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Scaling & Root Planing (per Quad)/Root Canals (per canal)/Crowns, Flippers, Partials, Dentures (Plus Lab Fee)

Poverty Level*	At or Below 100%	125%	150%	175%	>200%
Patient Amount	\$100.00	\$150.00	\$175.00	\$200.00	\$225.00

Dentures/Flippers/Partials/Crowns

At scheduled appointment for molds/impressions, patient pays full lab costs plus patient fee for visit. At time of delivery, patient pays visit Fee. Adjustments within six months of delivery are included at no charge.

X-Rays (per x-ray) & Nitrous, Silver Diamine Flouride

Poverty Level*	At or Below 100%	Between 101% to 125%	Between 126% to 150%	Between 151% to 175%	>200%
Patient Amount	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00

Nominal Fee of \$50.00 for New and Established Patients.

Based on 2025 HHS Poverty Guidelines.