



HRSA Sliding Fee Discount Schedule
Based on 2024 Federal Poverty Guidelines*

Poverty Level	Annual Income					
	At or Below 100%	101-133%	134-150%	151-175%	176-200%	Above 200%
Family Size	A	B	C	D	E	F
1	\$0 - \$15,060	\$15,061 - \$20,030	\$20,031 - \$22,590	\$22,591 - \$26,355	\$26,356 - \$30,120	\$30,121 - UP
2	\$0 - \$20,440	\$20,441 - \$27,185	\$27,186 - \$30,660	\$30,661 - \$35,770	\$35,771 - \$40,880	\$40,881 - UP
3	\$0 - \$25,820	\$25,821 - \$34,341	\$34,342 - \$38,730	\$38,731 - \$45,185	\$45,186 - \$51,640	\$51,641 - UP
4	\$0 - \$31,200	\$31,201 - \$41,496	\$41,497 - \$46,800	\$46,801 - \$54,600	\$54,601 - \$62,400	\$62,401 - UP
5	\$0 - \$36,580	\$36,581 - \$48,651	\$48,652 - \$54,870	\$54,871 - \$64,015	\$64,016 - \$73,160	\$73,161 - UP
6	\$0 - \$41,960	\$41,961 - \$55,807	\$55,808 - \$62,940	\$62,941 - \$73,430	\$73,431 - \$83,920	\$83,921 - UP
7	\$0 - \$47,340	\$47,341 - \$62,962	\$62,963 - \$71,010	\$71,011 - \$82,845	\$82,846 - \$94,680	\$94,681 - UP
8	\$0 - \$52,720	\$52,721 - \$70,118	\$70,119 - \$79,080	\$79,081 - \$92,260	\$92,261 - \$105,440	\$105,441 - UP
For Family units with more than 8 persons, add \$5,380 for each additional member						
Dental Sliding Fee Schedule						
Dental Sliding Fee	\$40	\$45	\$50	\$55	\$60	Full Fee, if does not qualify for Uncompensated Care
Dental Prosthodontic (DEVICE) Sliding Fee Schedule						
Dentures Complete Maxillary (D5110)	\$543	\$651	\$760	\$868	\$977	Full Fee, if does not qualify for Uncompensated Care
Dentures Complete Mandibular (D5120)	\$527	\$632	\$737	\$842	\$948	Full Fee, if does not qualify for Uncompensated Care
Dentures Immediate Maxillary (D5130)	\$572	\$686	\$800	\$914	\$1,029	Full Fee, if does not qualify for Uncompensated Care
Dentures Immediate Mandibular (D5140)	\$487	\$584	\$681	\$779	\$876	Full Fee, if does not qualify for Uncompensated Care
Dentures Maxillary Partial Resin (D5211)	\$433	\$520	\$606	\$693	\$779	Full Fee, if does not qualify for Uncompensated Care
Dentures Mandibular Partial Resin (D5212)	\$412	\$494	\$577	\$659	\$742	Full Fee, if does not qualify for Uncompensated Care
Dentures Maxillary Parital Metal (D5213)	\$551	\$662	\$772	\$882	\$992	Full Fee, if does not qualify for Uncompensated Care
Dentures Mandibular Partial Metal (D5214)	\$564	\$677	\$790	\$903	\$1,016	Full Fee, if does not qualify for Uncompensated Care
Dentures Immediate Maxillary Partial Resin (D5221)	\$504	\$605	\$706	\$807	\$908	Full Fee, if does not qualify for Uncompensated Care

Dentures Immediate Mandibular Partial Resin (D5222)	\$576	\$692	\$807	\$922	\$1,037	Full Fee, if does not qualify for Uncompensated Care
Dentures Immediate Maxillary Partial Cast (D5223)	\$649	\$779	\$909	\$1,038	\$1,168	Full Fee, if does not qualify for Uncompensated Care
Dentures Immediate Mandibular Partial Cast (D5224)	\$649	\$779	\$909	\$1,038	\$1,168	Full Fee, if does not qualify for Uncompensated Care
Dentures Maxillary Partial Flexible (D5225)	\$473	\$568	\$662	\$757	\$851	Full Fee, if does not qualify for Uncompensated Care
Dentures Mandibular Partial Flexible (D5226)	\$513	\$615	\$718	\$820	\$923	Full Fee, if does not qualify for Uncompensated Care
Removable Unilateral Partial Denture-One Piece Cast Metal, Maxillary (D5282)	\$347	\$416	\$486	\$555	\$625	Full Fee, if does not qualify for Uncompensated Care
Removable Unilateral Partial Denture-One Piece Cast Metal Mandibular (D5283)	\$347	\$416	\$486	\$555	\$625	Full Fee, if does not qualify for Uncompensated Care
Removable Unilateral Partial Denture-One Piece Flexible Base (D5284)	\$314	\$377	\$440	\$503	\$566	Full Fee, if does not qualify for Uncompensated Care
Removable Unilateral Partial Denture-One Piece Resin (D5286)	\$314	\$377	\$440	\$503	\$566	Full Fee, if does not qualify for Uncompensated Care
Repair Broken Complete Denture Base, Mandibular (D5511)	\$60	\$72	\$84	\$96	\$108	Full Fee, if does not qualify for Uncompensated Care
Repair Broken Complete Denture Base, Maxillary (D5512)	\$60	\$72	\$84	\$96	\$108	Full Fee, if does not qualify for Uncompensated Care
Replace Denture Teeth Complete (D5520)	\$53	\$63	\$74	\$84	\$95	Full Fee, if does not qualify for Uncompensated Care
Repair Resin Partial Denture Base, Mandibular (D5611)	\$70	\$84	\$98	\$112	\$126	Full Fee, if does not qualify for Uncompensated Care
Repair Resin Partial Denture Base, Maxillary (D5612)	\$68	\$81	\$95	\$108	\$122	Full Fee, if does not qualify for Uncompensated Care
Repair Cast Partial Framework, Mandibular (D5621)	\$82	\$98	\$114	\$130	\$147	Full Fee, if does not qualify for Uncompensated Care
Repair Cast Partial Framework, Maxillary (D5622)	\$87	\$104	\$121	\$138	\$156	Full Fee, if does not qualify for Uncompensated Care
Repair Partial Denture Clasp (D5630)	\$127	\$152	\$177	\$202	\$228	Full Fee, if does not qualify for Uncompensated Care
Replace Partial Denture Teeth (D5640)	\$72	\$86	\$100	\$114	\$129	Full Fee, if does not qualify for Uncompensated Care
Add Tooth To Partial Denture (D5650)	\$70	\$84	\$98	\$112	\$126	Full Fee, if does not qualify for Uncompensated Care
Reline Complete Maxillary Denture Lab (D5750)	\$147	\$176	\$205	\$234	\$264	Full Fee, if does not qualify for Uncompensated Care

Reline Complete Manibular Denture Lab (D5751)	\$165	\$198	\$231	\$264	\$297	Full Fee, if does not qualify for Uncompensated Care
Reline Maxillary Partial Denture (D5760)	\$162	\$195	\$227	\$260	\$292	Full Fee, if does not qualify for Uncompensated Care
Reline Mandibular Partial Denture (D5761)	\$162	\$195	\$227	\$260	\$292	Full Fee, if does not qualify for Uncompensated Care
Interim Partial Denture, Maxillary Flipper (D5820)	\$217	\$260	\$304	\$347	\$391	Full Fee, if does not qualify for Uncompensated Care
Interim Partial Denture Flipper (D5821)	\$214	\$257	\$300	\$342	\$385	Full Fee, if does not qualify for Uncompensated Care
Re-Cement or Re-bond Partial Denture (D6930)	\$51	\$61	\$71	\$81	\$91	Full Fee, if does not qualify for Uncompensated Care
Fixed Partial Denture Sectioning (D9120)	\$69	\$83	\$97	\$111	\$125	Full Fee, if does not qualify for Uncompensated Care
Dental Occlusal Guard Hard (D9944)	\$158	\$190	\$221	\$253	\$284	Full Fee, if does not qualify for Uncompensated Care
Athletic Mouth Guard (D9941)	\$82	\$98	\$114	\$131	\$147	Full Fee, if does not qualify for Uncompensated Care
Occlusal Guard Adjustment (D9943)	\$56	\$67	\$78	\$90	\$101	Full Fee, if does not qualify for Uncompensated Care
Limited Occlusal Adjustment (D9951)	\$56	\$67	\$78	\$90	\$101	Full Fee, if does not qualify for Uncompensated Care

Patient pays at a minimum a \$40.00 nominal fee for all dental visits unless a separate fee as outlined in this table.

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