



HRSA Sliding Fee Discount Schedule
Based on 2023 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 - \$14,580	\$14,581 - \$19,391	\$19,392 - \$21,870	\$21,871 - \$25,515	\$25,516 - \$29,160	\$29,161 - UP
2	\$0 - \$19,720	\$19,721 - \$26,228	\$26,229 - \$29,580	\$29,581 - \$34,510	\$34,511 - \$39,440	\$39,441 - UP
3	\$0 - \$24,860	\$24,861 - \$33,064	\$33,065 - \$37,290	\$37,291 - \$43,505	\$43,506 - \$49,720	\$49,721 - UP
4	\$0 - \$30,000	\$30,001 - \$39,900	\$39,901 - \$45,000	\$45,001 - \$52,500	\$52,501 - \$60,000	\$60,001 - UP
5	\$0 - \$35,140	\$35,141 - \$46,736	\$46,737 - \$52,710	\$52,711 - \$61,495	\$61,496 - \$70,280	\$70,281 - UP
6	\$0 - \$40,280	\$40,281 - \$53,572	\$53,573 - \$60,420	\$60,421 - \$70,490	\$70,491 - \$80,560	\$80,561 - UP
7	\$0 - \$45,420	\$45,421 - \$60,409	\$60,410 - \$68,130	\$68,131 - \$79,485	\$79,486 - \$90,840	\$90,841 - UP
8	\$0 - \$50,560	\$50,561 - \$67,245	\$67,246 - \$75,840	\$75,841 - \$88,480	\$88,481 - \$101,120	\$101,121 - UP
For Family units with more than 8 persons, add \$5,140 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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