

Minimum Patient Payment Amount	Monthly Income	Family Size					
		1	2	3	4	5	6
NOMINAL FEE Medical Office Visit \$10 Dental & OB Packages*	\$0 - \$1,012	\$0 - \$1,372	\$0 - \$1,732	\$0 - \$2,092	\$0 - \$2,452	\$0 - \$2,812	
Medical Office Visit \$20 Dental & OB Packages*	\$1,013 - \$1,346	\$1,373 - \$1,824	\$1,733 - \$2,303	\$2,093 - \$2,782	\$2,453 - \$3,261	\$2,813 - \$3,740	
Medical Office Visit \$30 Dental & OB Packages*	\$1,347 - \$1,679	\$1,825 - \$2,277	\$2,304 - \$2,875	\$2,783 - \$3,472	\$3,262 - \$4,070	\$3,741 - \$4,667	
Medical Office Visit \$40 Dental & OB Packages*	\$1,680 - \$2,023	\$2,278 - \$2,743	\$2,876 - \$3,463	\$3,473 - \$4,183	\$4,071 - \$4,903	\$4,668 - \$5,623	
Self Pay	Above \$2,023	Above \$2,743	Above \$3,463	Above \$4,183	Above \$4,903	Above \$5,623	

April 2018

*Ask about our dental fee schedule and OB packages.

Tests and procedures will be in addition to office visit amount and discounted based on test/procedure provided. The Sliding Fee Scale is not insurance but rather a discount program for North Country HealthCare services only.