

Minimum Patient Payment Amount	Family Size					
	1	2	3	4	5	6
NOMINAL FEE						
Medical Office Visit \$10 Dental & OB Packages*	\$0 - \$1,041	\$0 - \$1,409	\$0 - \$1,778	\$0 - \$2,146	\$0 - \$2,514	\$0 - \$2,883
Medical Office Visit \$20 Dental & OB Packages*	\$1,042 - \$1,384	\$1,410 - \$1,874	\$1,779 - \$2,364	\$2,147 - \$2,854	\$2,515 - \$3,344	\$2,884 - \$3,834
Medical Office Visit \$30 Dental & OB Packages*	\$1,385 - \$1,728	\$1,875 - \$2,339	\$2,365 - \$2,951	\$2,855 - \$3,562	\$3,345 - \$4,174	\$3,835 - \$4,785
Medical Office Visit \$40 Dental & OB Packages*	\$1,729 - \$2,082	\$2,340 - \$2,818	\$2,952 - \$3,555	\$3,563 - \$4,292	\$4,175 - \$5,028	\$4,786 - \$5,765
Self Pay	Above \$2,082	Above \$2,818	Above \$3,555	Above \$4,292	Above \$5,028	Above \$5,765

Monthly Income

April 2019

**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.