

Dental Billing Information Sheet

Updated 03/26/2025

SLIDING FEE PROGRAM

- Eligibility for the Sliding Fee Scale is based on income and family size only and no other factors, such as insurance status or population type, are considered when determining eligibility.
 - Family size is defined as the # of individuals living within a household.
 - Income is defined as money that a household receives on a weekly, monthly, or annual basis to be used for daily living expenses.
- If you would like to apply for a sliding fee you are required to complete the Declaration of Income Form and provide proof of income documenting your combined household income. Proof of income may be any of the following:
 - 1040 forms for the previous calendar year
 - copy of the previous year's W-2 form
 - letter from a current employer stating how much you are paid
 - current pay stub
 - unemployment check stub
 - social security check or proof of another public assistance payment
- We will need to reassess your income annually to reaffirm eligibility for the Sliding Fee Scale.
- When evaluating Sliding Fee Scale eligibility, and throughout the process of collecting your information and/or payment, your privacy and confidentiality will be maintained in accordance with HIPAA and PA ACT 148 rules.
- The Sliding Fee Scale will be evaluated by the Philadelphia FIGHT Board of Directors periodically, but a minimum of once per year, to assure that financial barriers to care are minimized.
 - The Board of Directors reviews the nominal fee on an annual basis to ensure that that fee is nominal from the perspective of the patient.
- Dental Sliding Fee Scale:
 - For general dental services including cleanings, x-rays, exams, and basic restorative treatment like fillings the Sliding Fee Scale is assessed based on the current Federal Poverty Guidelines (FPL) and a fee is associated with the visit based on the below specifications:
 - Patients whose household income and family size falls at or below 100% of the FPL will have a \$0.00 financial responsibility for any FQHC general dentistry visits.
 - Patients whose household income and family size falls over 100%, up to and including 125% FPL, will have a \$5.00 charge for any FQHC general dentistry visits.
 - Patients whose household income and family size falls over 125%, up to and including 150% FPL, will have a \$10.00 charge for any FQHC general dentistry visits.
 - Patients whose household income and family size falls over 150%, up to and including 175% FPL, will have a \$15.00 charge for any FQHC general dentistry visits.

Dental Billing Information Sheet

Updated 03/26/2025

- Patients whose household income and family size falls over 175%, up to and including 200% FPL, will have a \$20.00 charge for any FQHC general dentistry visits.
- Patients whose household income and family size falls above 200% will not receive a discount on charges for services rendered on a particular date of service.
- For endodontic (root canal) and rehabilitative dental services (dentures) the Sliding Fee Scale is assessed based on the current Federal Poverty Guidelines (FPL) and a fee is associated with the procedure based on the below specifications:
 - Patients whose household income and family size falls at or below 100% of the FPL will have a 0% financial responsibility for dental procedures.
 - Patients whose household income and family size falls over 100%, up to and including 125% FPL, will have a 20% financial responsibility for dental procedures.
 - Patients whose household income and family size falls over 125%, up to and including 150% FPL, will have a 25% financial responsibility for dental procedures.
 - Patients whose household income and family size falls over 150%, up to and including 175% FPL, will have a 30% financial responsibility for dental procedures.
 - Patients whose household income and family size falls over 175%, up to and including 200% FPL, will have a 35% financial responsibility for dental procedures.
 - Patients whose household income and family size falls above 200% FPL will not receive a discount on charges for services rendered on a particular date of service.

CO-PAYS

- If you have insurance that requires co-pays for office visits you will be asked for the co-pay when you arrive for a visit; we do not balance bill.
- If you have been approved for the Sliding Fee Scale, you will be charged the lesser of the Sliding Fee or the insurance co-pay (as allowed by contract).
- If you cannot afford the co-pay at that time, we will not refuse the service, but the outstanding balance with carry over and you will be reminded of it at subsequent visits.

WORKFLOW - URGENT CARE

- When you present for Urgent Care, you will be asked for proof of dental or medical insurance.
 - If you have insurance, front desk staff will verify eligibility and scan proof of insurance into your electronic dental chart.
 - If you do not have insurance, front desk staff will inquire about income and family size.
- You should be prepared to provide proof of income wherever possible.
 - If you do not have proof of income with you, we will ask you to sign a Declaration of Income.
- Front desk staff will discuss payment with you at this time.

Dental Billing Information Sheet

Updated 03/26/2025

- Payment Plans can be arranged if necessary (see section on **Payment Plans** for more details).

WORKFLOW - BASIC, NON-URGENT CARE

- When scheduling a comprehensive care appointment as a new patient to the practice, you will be asked for proof of insurance.
 - If you have insurance, front desk staff will verify eligibility in advance of your appointment; you should bring your insurance card(s) to your first appointment so they may be scanned into your chart.
 - If you do not have insurance, you will be referred to a Philadelphia FIGHT Resource Navigator.
 - The Resource Navigator will call you to ask a couple of screening questions over the phone.
 - If you potentially qualify for benefits, you may be asked to schedule an in-person meeting with the Resource Navigator to provide any necessary documentation and sign application paperwork.
 - If it is determined at any point that you are not eligible for benefits, the Resource Navigator will notify the dental front desk staff who will contact you to schedule and discuss any visit fees.

PAYMENT PLANS

- If you are ineligible for insurance, underinsured, or fall into Slides B, C, D, E, or F within the Sliding Fee Program, you can arrange a Payment Plan based on your current financial circumstances and how much you are comfortably able to pay on a regular basis.
 - To qualify for a Payment Plan, you **must**:
 - Have current and accurate insurance information and proof of income on file.
 - If you are uninsured and it has been more than a year since you met with a Resource Navigator or you have never met with a Resource Navigator, you will be referred there first.
 - Any pre-authorizations required by your insurance must be determined before a Payment Plan can be established.
- You may be asked to sign a Payment Plan agreement form, which will be scanned into your chart.
- You can always come in for Urgent Care services even while a Payment Plan is being processed, simply follow directions from the **Urgent Care Workflow** above.

PRE-AUTHORIZATION

- Preauthorization may be required for certain procedures under certain insurance plans.
- After the treatment plan has been drafted, your dentist will initiate the process of submitting a preauthorization on your behalf.
- If the preauthorization is denied by the insurance company, we will defer to the Sliding Fee scale if you are eligible and a Payment Plan can be established, if necessary.