



Appendix C: Sliding Fee Discount Program Policy

EFFECTIVE DATE: July 1, 2023

POLICY: To make available discount services to those in need.

PURPOSE: This program is designed to provide discounted dental care to those who have limited means and who are uninsured or underinsured.

Community Smiles Dental(CSD) offers a Sliding Fee Discount Program to all who are unable to pay for their services. Community Smiles Dental will base program eligibility on a person's ability to pay and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The [Federal Poverty Guidelines](#) are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

PROCEDURE: The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. Notification: Community Smiles Dental will notify patients of the Sliding Fee Discount Program by:
 - a. Payment Policy Brochure will be available to all uninsured patients at the time of service.
 - b. Notification of the Sliding Fee Discount Program will be offered to each patient upon admission.
 - c. An explanation of our Sliding Fee Discount Program and our application form are available on CSD's website.
 - d. CSD places notification of the Sliding Fee Discount Program in the clinic waiting areas.
2. All patients seeking dental care services at CSD are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay.
3. Request for discount: Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the front desk.
4. Administration: The Sliding Fee Discount Program procedure will be administered through the Clinical Managers and Patient Care Coordinators. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided dental care services.
5. Completion of Application: The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize CSD access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately.
 - a. If an application is unable to be processed due to the need for additional information,

the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within the two-week time period, his/her application will be re-dated to the date on which s/he supplies the requested information. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the Sliding Fee Discount Program.

6. Eligibility: Discounts will be based on income and family size only. CSD uses the [Census Bureau](#) definitions of each.
 - a. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
 - b. Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.
7. Income verification: Applicants must provide one of the following: prior year W2, two most recent pay stubs, letter from employer or sponsor, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit details of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program.
8. Self-declaration of Income may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why they are unable to provide independent verification. This statement will be presented to CSD's Clinical Manager for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.
9. Discounts: The sliding fee schedule will be updated during the first quarter of every calendar year with the latest [Federal Poverty Guidelines](#).

As of January 1, 2025, Community Smiles Dental will use the following sliding fee schedule for our pediatric patients (age 0-18) who are uninsured.

| Type of Appointment | 100% of FPL | 150% of FPL | 200% of FPL |
|--|---------------------|---------------------|----------------------|
| Pediatric Limited Oral Exam/Emergency Appointment* | \$35.00 | \$35.00 | \$35.00 |
| Dental Cleaning/Hygiene Appointment | \$45.00/appointment | \$55.00/appointment | \$65.00/appointment |
| Fixing Cavities/ Restorative Care Appointment | \$85.00/appointment | \$95.00/appointment | \$105.00/appointment |
| Root Canal Therapy | \$275.00 | \$275.00 | \$275.00 |

****A Pediatric Limited Oral Exam or Emergency Appointment includes an x-ray, assessment of the problem area and a treatment recommendation. If necessary, an antibiotic and a referral to a specialist will be given. Same day treatment is not guaranteed due to provider scheduling.***

As of January 1, 2025, Community Smiles Dental will use the following sliding fee schedule for our adult patients (age 19+) who are uninsured.

| Type of Appointment | 100% of FPL | 150% of FPL | 200% of FPL |
|--|---|---|---|
| Adult Limited Oral Exam/Emergency Appointment* | \$45.00 | \$45.00 | \$45.00 |
| Dental Cleaning/Hygiene Appointment | \$55.00/appointment | \$65.00/appointment | \$75.00/appointment |
| Fixing Cavities/ Restorative Care Appointment | Treatment contract with 33% of UCR** fees | Treatment contract with 38% of UCR fees | Treatment contract with 43% of UCR fees |
| Use of Nitrous Oxide | \$80.00/appointment | \$80.00/appointment | \$80.00/appointment |

***An adult limited oral exam/emergency appointment includes x ray, assessment of the problem area and a treatment recommendation. If necessary, an antibiotic and a referral to a specialist will be given. Same day treatment is not guaranteed due to provider scheduling.**

****UCR stands for “Usual and Customary Fees”**

10. Nominal Fee: Patients receiving a full discount will be assessed a \$10 nominal charge per visit. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.
11. Waiving of Charges: In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by CSD’s Clinical Manager and VP of Operations. Any waiving of charges should be documented in the patient’s file along with an explanation (e.g., ability to pay, good will, health promotion event).
12. Applicant notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with CSD. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.
13. Refusal to Pay: If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make an effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, CSD can explore options not limited, but including offering the patient a

payment plan, waiving of charges, or referring the patient to collections.

14. Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Clinical Manager's office, in an effort to preserve the dignity of those receiving free or discounted care.
15. Policy and procedure review: Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the VP of Operations and the Finance Manager. The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.
16. Budget: During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as revenue placeholder.

Questions about the above policy can be directed to a CSD Clinical Manager or the Vice President of Operations

Last updated: 3/21/2025