



**Fees for Service Based on Income**

| Appointment Type         | Fee scale #1<br><b>0-150% FPL</b> | Fee scale #2<br><b>151-200% FPL</b> |
|--------------------------|-----------------------------------|-------------------------------------|
| Extraction               | \$50/tooth                        | \$60/tooth                          |
| Exam & X-rays            | \$30 per visit                    | \$30 per visit                      |
| Filling                  | \$50/tooth                        | \$60/tooth                          |
| Hygiene                  | \$30 per visit                    | \$35 per visit                      |
| Recements (crown, ortho) | \$30 per                          | \$30 per                            |
| Post/Buildups            | \$80/tooth                        | \$90/tooth                          |
| Root Canal (w/filling)   | \$300 per tooth                   | \$300 per tooth                     |

**Federal Poverty Level Chart (FPL) Monthly Income**

| Family Size |   | 150% FPL |   | 200% FPL |
|-------------|---|----------|---|----------|
| 1           | If income is at or below the amounts in next column, see fee scale #1 above | \$1,596  | If income is between column to left (135%) and column to right (200%), see fee scale #2 above | \$2,127  |
| 2           |   | \$2,155  |   | \$2,873  |
| 3           |   | \$2,715  |   | \$3,620  |
| 4           |   | \$3,275  |   | \$4,367  |
| 5           |   | \$3,835  |   | \$5,113  |
| 6           |   | \$4,395  |   | \$5,860  |

**Clinic Location**

630 E Washington Avenue, Madison