



CrescentCare

A Partnership for Life

## PATIENT PAYMENT NOTICE

January 2025

***CrescentCare is required to collect all copays, deductibles, and sliding fee payments.***

CrescentCare offers a sliding fee discount to patients whose incomes fall at or below 200% of the Federal Poverty Guidelines. If you are approved for the sliding fee scale, the cost of the labs are included in the Patient Responsibility fees listed below. If you have insurance and do not qualify for the sliding fee scale, we will charge you according to the guidelines of your insurance plan (for copays and deductibles). All lab charges will be billed directly to your insurance plan by the lab company; the lab company will then bill you directly for any outstanding balance.

Charges for supplies and equipment (such as crowns and dentures) will be charged separately. Please request a treatment plan from your provider to know how much the services will cost. Ask our staff if you would like to work out a payment plan.

All individuals who define and present themselves as a family for services, regardless of actual or perceived marital status, sexual orientation, or gender identity are considered as “persons in household.” A family may be a group of related or unrelated persons who share living arrangements, expenses, and income. Non-relatives, such as housemates, do not count as members of a family.

***CrescentCare offers additional assistance for patients living with HIV through the Ryan White Program.***

2025 Federal Poverty Guidelines & CrescentCare Sliding Fee Discount for Medical & Behavioral Health					
Persons in Household*	Group A Family Annual Income: at or below 100% FPL	Group B Family Annual Income: 101% up to 150% FPL	Group C Family Annual Income: 151% up to 175% FPL	Group D Family Annual Income: 176% up to 200% FPL	Over 200%
1	\$15,650	\$23,475	\$27,388	\$31,300	
2	\$21,150	\$31,725	\$37,013	\$42,300	
3	\$26,650	\$39,975	\$46,638	\$53,300	
4	\$32,150	\$48,225	\$56,263	\$64,300	
5	\$37,650	\$56,475	\$65,888	\$75,300	
6	\$43,150	\$64,725	\$75,513	\$86,300	
7	\$48,650	\$72,975	\$85,138	\$97,300	
8	\$54,150	\$81,225	\$94,763	\$108,300	
<b>Patient Responsibility:</b>	<b>Nominal charge (\$15)</b>	<b>\$30</b>	<b>\$40</b>	<b>\$50</b>	<b>Initial down payment of \$100 due at time of service</b>

***CrescentCare serves patients regardless of their ability to pay. Payment is expected at time of service. Please speak with one of our staff for more detailed information and to enroll in insurance.***

January 2025

<b>2025 Federal Poverty Guidelines &amp; CrescentCare Sliding Fee Discount for Dental</b>				
<b>Persons in Household*</b>	<b>Group A Family Annual Income: at or below 100% FPL</b>	<b>Group B Family Annual Income: 101% up to 150% FPL</b>	<b>Group C Family Annual Income: 151% up to 175% FPL</b>	<b>Group D Family Annual Income: 176% up to 200% FPL</b>
1	\$15,650	\$23,475	\$27,388	\$31,300
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7	\$48,650	\$72,975	\$85,138	\$97,300
8	\$54,150	\$81,225	\$94,763	\$108,300
<b>Discount Applied</b>	<b>100%</b>			
<b>Patient Responsibility: Preventive Care</b>	<i>Nominal Preventive Dental Fee (\$45)</i>	\$55	\$65	\$75
<b>Patient Responsibility: Night Guards</b>	<i>Nominal Fee (\$179)</i>	\$180	\$200	\$215
<b>Patient Responsibility: Fixed Dental</b>	<i>Nominal Fee for Fixed Dental (\$400)</i>	\$450	\$500	\$600
<b>Patient Responsibility: Removable Dental</b>	<i>Nominal Fee for Removal Dental (\$500)</i>	\$550	\$600	\$650

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