

Sliding Fee Rates (Medical and Dental)

Federal Poverty Level	Medical Visit	Psychiatry Visit	Counseling Visit	DENTAL SERVICES Tier 1 – Preventive ¹ Exams · X-rays · Cleanings · Fluoride · Sealants	DENTAL SERVICES Tier 2 – General Dentistry ¹ Fillings · Perio Tx · Simple Extractions	DENTAL SERVICES Tier 3 – Extended-Time & Laboratory Procedures: ³ Root Canals · Surgical Ext. · Prosthodontics	Specialty Visit ⁴ and Services not performed during routine exams. See Specialty Fee Scale Rates below:
< 100%	\$10*	\$10*	\$10*	\$12 per procedure (max \$60 / visit)	\$40 per procedure	See Tier 3 Table	
101 - 132%	\$63	\$63	\$40	\$30 per procedure	\$60 per procedure	See Tier 3 Table	
133 - 174%	\$85	\$85	\$80	\$40 per procedure	\$70 per procedure	See Tier 3 Table	
175 - 200%	\$108	\$108	\$100	\$45 per procedure	\$80 per procedure	See Tier 3 Table	
> 200%	No Discount	No Discount	No Discount	No Discount	No Discount	No Discount	

* Effective on February 1st, 2026

¹ **Tier 1 - Preventive Dental:** Includes all procedures that prevent oral disease: examinations (D0120, D0150, D0180), diagnostic radiographs (D0210–D0330), adult and child prophylaxis (D1110, D1120), topical fluoride application (D1206, D1208), and sealants (D1351). The fee is charged per individual procedure performed during the visit. The maximum charge for a Slide A patient in a single preventive visit shall not exceed \$90.

² **Tier 2 – General Dentistry:** Includes standard restorative procedures completed in a 30–60 minute appointment: amalgam and composite fillings, scaling and root planing, full-mouth debridement, periodontal maintenance and non-surgical extractions. Fee is charged per individual procedure performed. These procedures are classified as Additional Dental Services under HRSA Form 5A and are subject to the sliding fee discount.

Tier 3 – Extended-Time & Laboratory Procedures: ³	Master Fee	Slide A < 100% FPL	Slide B 101-132% FPL	Slide C 133-174% FPL	Slide D 175-200% FPL
Crown/Bridges	\$1,594	\$399 75% Off	\$558 65% Off	\$638 60% Off	\$797 50% Off
Partial Denture	\$1,210	\$363 75% Off	\$424 65% Off	\$484 60% Off	\$605 50% Off
Complete Denture	\$1,656	\$497 75% Off	\$580 65% Off	\$662 60% Off	\$797 50% Off
Occlusal Guard	\$252	\$63 75% Off	\$88 65% Off	\$101 60% Off	\$126 50% Off
Endodontic Therapy (Anterior)	\$803	\$201 75% Off	\$281 65% Off	\$321 60% Off	\$402 50% Off
Complex/Surgical Extraction	\$435	\$109 75% Off	\$152 65% Off	\$174 60% Off	\$218 50% Off

³ **Tier 3 – Complex/Extended-Time Procedures:** This tier is based on clinical time and cost-of-care complexity, consistent with HRSA Compliance Manual Chapter 9 authority for health centers to structure discounts that vary by service type.

Includes: Root Canal Therapy (Anterior per tooth), Prosthodontics (Crowns, Bridges, Partial and Complete Dentures, Occlusal Guards). Lab fees are included in the cost. Surgical Extractions

⁴ Specialty Visits include specialized medical service or procedure that fall outside of a conventional Medical Office Visits. Specialized medical services or procedures include: Lileta and Nexplanon, etc.,

Federal Poverty Level	Specialty Visit – Insertion – Lileta device	Specialty Visit – Insertion – Nexplanon device
< 100%	\$115	\$560
101 - 132%	\$168	\$613
133 - 174%	\$190	\$635
175 - 200%	\$213	\$658
> 200%	No Discount	No Discount

Sliding Fee Rates (Pharmacy)

* Effective on April 1, 2026

Federal Poverty Level	Standard Formulary ¹	Injectable Formulary ¹	318 Formulary (Sexual Health and Wellness) ¹
< 100%	\$10*	Purchase Price +\$10*	\$0
101 – 132%	\$12	Purchase Price +\$12	\$0
133 – 174%	\$14	Purchase Price +\$14	\$0
175 – 200%	\$16	Purchase Price +\$16	\$0
> 200%	No Discount	No Discount	No Discount

¹ Out of pocket costs are per eligible prescription. Eligible prescriptions are only those written by a PHNTX prescriber and included on the PHNTX Prescription Drug Formulary (Standard, Injectable, or 318) and not eligible for other patient assistance programs such as manufacturer coupons or foundation assistance programs. PHNTX Prescription Drug Formulary and pricing are subject to change at any time.

PHNTX will provide five (5) business day notice to Pharmacy when changes are made to formularies or SFD categories/pricing.

Standard Formulary ¹	
Copy of the Standard Formulary is available upon patient request.	
Injectable Formulary ¹	
testosterone enanthate	DELATESTRYL
estradiol valerate	DELESTROGEN (ONLY 10 mg/mL & 20 mg/mL)
Testosterone cypionate	DEPO-TESTOSTERONE
medroxyprogesterone	DEPO-PROVERA
318 Formulary ¹	
doxycycline hyclate (capsules)	DOXYCYCLINE
levonorgestrel (tablets)	PLAN B ONE STEP
metronidazole (tablets)	FLAGYL
azithromycin (tablets)	ZITHROMAX

Medical Laboratory: Prism Health North Texas recently entered an agreement with Labcorp, our Labs partner, and based on this agreement, Lab services are covered for patients who qualify for the Sliding Fee Scale discount. If you have any questions, please contact Prism's Financial Navigators for additional information regarding this agreement.

Patients may be eligible for additional financial assistance if available through grant funds, including HRSA's Ryan White Program, the Centers for Disease Control and Prevention Sexually Transmitted Infection, and funds available through the Trust Her Program.

All patients, including patients eligible for Sliding Fee discounts, are also eligible to receive a Prompt Pay Adjustment (40% of Total Charges), available with full payment at date of appointment or within 5 days of the date of appointment. Note: The Nominal Visit charge already includes the full Prompt pay Adjustment.

Note: The FPL is published annually by the US Department of Health and Human Services. The FPL is commonly used to determine eligibility for certain income-driven programs and benefits such as Medicaid and CHIP.