

HealthWorks								
Sliding Fee Scale - Annual Income								
The Nominal Charge is Collected at Check-in								
Fee Scale effective March 1, 2026				Based on 2026 DHHS Federal Poverty Guidelines				
Note: For families/financial households with more than 8 persons, add \$5,680 for each additional person.								
	A	B	C	D	E	F	G	
	0% - 33%	34% - 66%	67% - 100%	101-125%	126-150%	151-175%	176-200%	Over 200%
Medical Visits w/Provider (1)	Patient pays \$10 Nominal Charge			Patient pays \$20 Nominal Charge	Patient pays \$30 Nominal Charge	Patient pays \$40 Nominal Charge	Patient pays \$50 Nominal Charge	Patient pays 100% of the billed charges
Medical Procedure Visit w/Provider (2)	Patient pays \$30 Nominal Charge			Patient pays \$50 Nominal Charge	Patient pays \$100 Nominal Charge	Patient pays \$150 Nominal Charge	Patient pays \$200 Nominal Charge	Patient pays 100% of the billed charges
Nurse Visit (3)	Patient pays \$0 Nominal Charge			Patient pays \$0 Nominal Charge	Patient pays \$0 Nominal Charge	Patient pays \$0 Nominal Charge	Patient pays \$0 Nominal Charge	Patient pays 100% of the billed charges
Chronic Care Management (4)	Patient pays \$0 Nominal Charge			Patient pays \$0 Nominal Charge	Patient pays \$0 Nominal Charge	Patient pays \$0 Nominal Charge	Patient pays \$0 Nominal Charge	Patient pays 100% of the billed charges
Behavioral Health Individual Session (5)	Patient pays \$4 Nominal Charge			Patient pays \$10 Nominal Charge	Patient pays \$16 Nominal Charge	Patient pays \$22 Nominal Charge	Patient pays \$28 Nominal Charge	Patient pays 100% of the billed charges
Behavioral Health Group Session (5)	Patient pays \$2 Nominal Charge			Patient pays \$5 Nominal Charge	Patient pays \$8 Nominal Charge	Patient pays \$11 Nominal Charge	Patient pays \$14 Nominal Charge	Patient pays 100% of the billed charges
Behavioral Health Psychiatric Visit (5)	Patient pays \$10 Nominal Charge			Patient pays \$20 Nominal Charge	Patient pays \$30 Nominal Charge	Patient pays \$40 Nominal Charge	Patient pays \$50 Nominal Charge	Patient pays 100% of the billed charges
Preventive Dental Services (6)	Patient pays \$10 Nominal Charge			Patient pays \$20 Nominal Charge	Patient pays \$30 Nominal Charge	Patient pays \$40 Nominal Charge	Patient pays \$50 Nominal Charge	Patient pays 100% of the billed charges
Restorative Dental Services (7)	Patient pays \$40 Nominal Charge per tooth			Patient pays 25% of billed charges	Patient pays 50% of billed charges	Patient pays 75% of billed charges	Patient pays 75% of billed charges	Patient pays 100% of the billed charges
Dental Services Crowns *	Patient pays \$150 Nominal Charge per tooth			Patient pays 25% of billed charges	Patient pays 50% of billed charges	Patient pays 75% of billed charges	Patient pays 75% of billed charges	Patient pays 100% of the billed charges
Dental Services Root Canals (8) *	Patient pays \$125 Nominal Charge per tooth			Patient pays 25% of billed charges	Patient pays 50% of billed charges	Patient pays 75% of billed charges	Patient pays 75% of billed charges	Patient pays 100% of the billed charges
Dental Services Dentures (9) *	Patient pays \$350 (acrylic) \$285 + \$8 per tooth (cast) Nominal Charge per each denture (upper/lower)			Patient pays 25% of billed charges	Patient pays 50% of billed charges	Patient pays 75% of billed charges	Patient pays 75% of billed charges	Patient pays 100% of the billed charges
Restorative Denture Adjustments *	Patient pays \$40 plus lab fees			Patient pays 25% of billed charges	Patient pays 50% of billed charges	Patient pays 75% of billed charges	Patient pays 75% of billed charges	Patient pays 100% of the billed charges

1. Includes employment, school, sports physicals, adult immunizations, birth control
 2. Medical Procedures- IUD insertion/removal, Nail Removal, Wart Removal, Skin Tag Removal, Joint/Trigger Injections
 3. Blood pressure checks, glucose checks, INR, wound care, care management
 4. Continuous Glucose Monitoring, Medication Therapy Management, Management of Chronic Diseases
 5. Telepsychiatry or in office setting
 6. Preventive Dental Services- Oral Examinations, X-rays, Cleanings, Fluoride Treatments & Sealants
 7. Restorative Dental Services- Fillings, Extractions, add tooth to existing partial denture, reline or adjust per denture
 8. Root canals offered include anterior and single canal procedures. Complex dental and oral pathology services will not be provided, which includes bridges and multiple canals.
 9. Dental Services Dentures- Complete, Immediate, Partial, Interim Partial
- Denture adjustment will be no charge for 6 months after patient receives dentures. Thereafter, denture adjustments are a Restorative Denture service.
- * Additional Dental Lab fees may be charged for any dental services.

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	0-33	33.0001-66	67.0001-100	100.0001-125	125.0001-150	150.0001-175	175.0001-200	
Family Size	0% - 33%	34% - 66%	67% - 100%	101-125%	126-150%	151-175%	176-200%	Over 200%
1	0	5266.81	10533.61	15960.01	19950.01	23940.01	27930.01	31920.01
	5266.80	10533.60	15960.00	19950.00	23940.00	27930.00	31920.00	
2	0	7141.21	14282.41	21640.01	27050.01	32460.01	37870.01	43280.01
	7141.20	14282.40	21640.00	27050.00	32460.00	37870.00	43280.00	
3	0	9015.61	18031.21	27320.01	34150.01	40980.01	47810.01	54640.01
	9015.60	18031.20	27320.00	34150.00	40980.00	47810.00	54640.00	
4	0	10890.01	21780.01	33000.01	41250.01	49500.01	57750.01	66000.01
	10890.00	21780.00	33000.00	41250.00	49500.00	57750.00	66000.00	
5	0	12764.41	25528.81	38680.01	48350.01	58020.01	67690.01	77360.01
	12764.40	25528.80	38680.00	48350.00	58020.00	67690.00	77360.00	
6	0	14638.81	29277.61	44360.01	55450.01	66540.01	77630.01	88720.01
	14638.80	29277.60	44360.00	55450.00	66540.00	77630.00	88720.00	
7	0	16513.21	33026.41	50040.01	62550.01	75060.01	87570.01	100080.01
	16513.20	33026.40	50040.00	62550.00	75060.00	87570.00	100080.00	
8	0	18387.61	36775.21	55720.01	69650.01	83580.01	97510.01	111440.01
	18387.60	36775.20	55720.00	69650.00	83580.00	97510.00	111440.00	
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