

**FAMILY**  
MEDICAL CENTERS

*\*Based on "U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs: HHS Poverty Guidelines for 2025, eff. January 15, 2025"*

Cumberland Family Medical Center, Inc.  
Sliding Fee Discount Schedule for Dental Services



Annual Income Thresholds by Sliding Fee Discount Schedule Pay Class and Percent Poverty						
Household Size	Fee					
	\$40.00 (Nominal Fee)	50% of Charges	60% of Charges	70% of Charges	100% of Charges	
	Poverty Level*					
	At or Below 100%	101 - 125%	126 - 150%	151 - 200%	Above 200%	
1	\$0 - \$15,650	\$15,651 - \$19,563	\$19,564 - \$23,475	\$23,476 - \$31,300	\$31,301+	
2	\$0 - \$21,150	\$21,151 - \$26,438	\$26,439 - \$31,725	\$31,726 - \$42,300	\$42,301+	
3	\$0 - \$26,650	\$26,651 - \$33,313	\$33,314 - \$39,975	\$39,976 - \$53,300	\$53,301+	
4	\$0 - \$32,150	\$32,151 - \$40,188	\$40,189 - \$48,225	\$48,226 - \$64,300	\$64,301+	
5	\$0 - \$37,650	\$37,651 - \$47,063	\$47,064 - \$56,475	\$56,476 - \$75,300	\$75,301+	
6	\$0 - \$43,150	\$43,151 - \$53,938	\$53,939 - \$64,725	\$64,726 - \$86,300	\$86,301+	
7	\$0 - \$48,650	\$48,651 - \$60,813	\$60,814 - \$72,975	\$72,976 - \$97,300	\$97,301+	
8	\$0 - \$54,150	\$54,151 - \$67,688	\$67,689 - \$81,225	\$81,226 - \$108,300	\$108,301+	
9	\$0 - \$59,650	\$59,651 - \$74,563	\$74,564 - \$89,475	\$89,476 - \$119,300	\$119,301+	
10	\$0 - \$65,150	\$65,151 - \$81,438	\$81,439 - \$97,725	\$97,726 - \$130,300	\$130,301+	
11	\$0 - \$70,650	\$70,651 - \$88,313	\$88,314 - \$105,975	\$105,976 - \$141,300	\$141,301+	
12	\$0 - \$76,150	\$76,151 - \$95,188	\$95,189 - \$114,225	\$114,226 - \$152,300	\$152,301+	
13	\$0 - \$81,650	\$81,651 - \$102,063	\$102,064 - \$122,475	\$122,476 - \$163,300	\$163,301+	
14	\$0 - \$87,150	\$87,151 - \$108,938	\$108,939 - \$130,725	\$130,726 - \$174,300	\$174,301+	
15	\$0 - \$92,650	\$92,651 - \$115,813	\$115,814 - \$138,975	\$138,976 - \$185,300	\$185,301+	
For each additional person, add...	\$5,500	\$6,875	\$8,250	\$11,000	\$11,000	

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Discounted charge includes all services performed by the Center during visit (e.g. in-house injection or in-house lab).  
Patients may incur additional charges for supplies not incident to service (e.g. prescription drugs, dentures, or third-party labs).

EFFECTIVE 04-01-2025

Cumberland Family Medical Center, Inc.  
Escala De Tarifas Ajustables Para Servicios De Salud Médica Y Del Comportamiento



Umbrales De Ingresos Anuales Por Horario De Escala De Tarifas Ajustables Clase De Pago Y Porcentaje De Pobreza						
Tamaño del Hogar	Tarifa					
	\$10.00 (Tarifa Nominal)	\$15	\$20	\$30	100% de los Cargos	
	Nivel de Pobreza*					
	En o por debajo 100%	101 - 125%	126 - 150%	151 - 200%	Por encima de 200%	
1	\$0 - \$15,650	\$15,651 - \$19,563	\$19,564 - \$23,475	\$23,476 - \$31,300	\$31,301+	
2	\$0 - \$21,150	\$21,151 - \$26,438	\$26,439 - \$31,725	\$31,726 - \$42,300	\$42,301+	
3	\$0 - \$26,650	\$26,651 - \$33,313	\$33,314 - \$39,975	\$39,976 - \$53,300	\$53,301+	
4	\$0 - \$32,150	\$32,151 - \$40,188	\$40,189 - \$48,225	\$48,226 - \$64,300	\$64,301+	
5	\$0 - \$37,650	\$37,651 - \$47,063	\$47,064 - \$56,475	\$56,476 - \$75,300	\$75,301+	
6	\$0 - \$43,150	\$43,151 - \$53,938	\$53,939 - \$64,725	\$64,726 - \$86,300	\$86,301+	
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9	\$0 - \$59,650	\$59,651 - \$74,563	\$74,564 - \$89,475	\$89,476 - \$119,300	\$119,301+	
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11	\$0 - \$70,650	\$70,651 - \$88,313	\$88,314 - \$105,975	\$105,976 - \$141,300	\$141,301+	
12	\$0 - \$76,150	\$76,151 - \$95,188	\$95,189 - \$114,225	\$114,226 - \$152,300	\$152,301+	
13	\$0 - \$81,650	\$81,651 - \$102,063	\$102,064 - \$122,475	\$122,476 - \$163,300	\$163,301+	
14	\$0 - \$87,150	\$87,151 - \$108,938	\$108,939 - \$130,725	\$130,726 - \$174,300	\$174,301+	
15	\$0 - \$92,650	\$92,651 - \$115,813	\$115,814 - \$138,975	\$138,976 - \$185,300	\$185,301+	
Por cada persona adicional, agregue...	\$5,500	\$6,875	\$8,250	\$11,000	\$11,000	

\* Basado en "U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs: HHS Poverty Guidelines for 2025, eff. January 15, 2025"

El cargo con descuento incluye todos los servicios realizados por el Centro durante la visita (por ejemplo, inyección in-house o laboratorio in-house).

Los pacientes pueden incurrir en cargos adicionales por suministros no relacionados con el servicio (por ejemplo, medicamentos recetados o laboratorios de terceros).

EFFECTIVE 04-01-2025

Cumberland Family Medical Center, Inc.  
Escala De Tarifas Ajustables Para Servicios De Servicios Dentales



Umbral de Ingresos Anuales Por Horario De Escala De Tarifas Ajustables Clase De Pago Y Porcentaje De Pobreza						
Tamaño del Hogar	Tarifa					
	\$40.00 (Tarifa Nominal)	50% de los Cargos	60% de los Cargos	70% de los Cargos	100% de los Cargos	
	Nivel de Pobreza*					
	En or por debajo 100%	101 - 125%	126 - 150%	151 - 200%	Por encima de 200%	
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