



• 525 Pleasant Home Rd., Augusta, GA 30907 • (706)860-6443 office • (706)250-7550 FAX

Augusta Children's Dental Center

Sliding Fee Discount Application

It is the policy of Augusta Children's Dental center to provide essential services regardless of the patient's ability to pay. Augusta Children's Dental Center offers discounts based on family size and annual income.

Please complete the following information and return it to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

NAME				
STREET	CITY	STATE	ZIP	PHONE

Please list all household members, including those under the age 18.

Name	Date of Birth
SELF	
OTHER	
OTHER	
OTHER	



Experienced in service providing children gentle care with diligence and patience.
 We strive for excellence to give kids comfortable and rewarding experiences.
info@augustakidsdentist.com om@augustakidsdentist.com
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NOTICE TO PATIENTS:

**This practice serves all patients regardless of the ability to pay.
Discounts for essential services are offered based on family size and income.
For more information, ask at the front desk or visit our website.**

Thank you.

AVISO PARA PACIENTES:

**Este establecimiento de salud atiende a todos los pacientes
independientemente de su capacidad de pago.
Se ofrecen descuentos para servicios esenciales según el tamaño de la
familia y los ingresos.
Para obtener más información, pregunte en la recepción o visite nuestro
sitio web.**

Gracias.



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PROCEDURE	CHARGES BASED ON PATIENT'S INCOME LEVEL				More than 200% FPL* Full Fee	FPL*Federal Poverty Level
	LESS THAN 100%	FPL* 125% 75% Discount	FPL* 150% FPL* 50% Discount	175% FPL* 25% Discount		
D0120 Periodic Oral Exam	10.5	42	28	14	56	
D0140 Limited Oral Exam	14.0625	56.25	37.5	18.75	75	
D0145 Ori Eval, under 3 yrs	15.5625	62.25	41.5	20.75	83	
D0150 Comp Oral Exam	12.5625	50.25	33.5	16.75	67	
D0160 Detailed Eval	12.5625	50.25	33.5	16.75	67	
D0170 Re Eval	2.0625	8.25	5.5	2.75	11	
D0210 FMX	26.25	105	70	35	140	
D0220 PA	6.1875	24.75	16.5	8.25	33	
D0230 Add PA	6	24	16	8	32	
D0240 Occlusal Film	6.1875	24.75	16.5	8.25	33	
D0270 Bitewing, single	8	24	16	8	32	
D0272 Bitewing, two films	8.25	33	22	11	44	
D0277 Bitewing, 7 verticle	6.1875	24.75	16.5	8.25	33	
D0330 Panoramic Film	21.1875	84.75	56.5	28.25	113	
D0340 Cephalometric Film	20.625	82.5	55	27.5	110	
D1110 Prophy, Adult	13.6875	54.75	36.5	18.25	73	
D01120 Prophy, Child	12.375	49.5	33	16.5	66	
D1206 Topical Fluoride Varnish	11.25	45	30	15	60	
D1208 Fluoride	6.9375	27.75	18.5	9.25	37	
D1330 Oral Hygiene Instructions	5.0625	20.25	13.5	6.75	27	
D1351 Sealant, per tooth	13.5	54	36	18	72	
D1510 Space Maint, fixed unilat	69.375	277.5	185	92.5	370	
D1516 Space Maint, fixed bilat MAX	131.0625	524.25	349.5	174.75	699	
D1517 Fix Bilat. Sp. Maint. MAN	131.0625	524.25	349.5	174.75	699	
D1520 Space Main, remove UNI	111.1875	444.75	296.5	148.25	593	
D1525 Space Main, remove Bilat	111.1875	444.75	296.5	148.25	593	
D1526 Re. Bilat. Sp. Main. Mx	139.125	556.5	371	185.5	742	
D1527 Re. Bilat. Sp. Main. Man	139.125	556.5	371	185.5	742	
D1550 Recement Space Maint	12.75	51	34	17	68	
D1555 Removal Space Main	8.625	34.5	23	11.5	46	
D1575 Space Maint	69.375	277.5	185	92.5	370	
D2140 Amalgam 1 surface	25.125	100.5	67	33.5	134	
D2150 Amalgam 2 surfaces	26.25	105	70	35	140	
D2160 Amalgam 3 surfaces	27.1875	108.75	72.5	36.25	145	
D2161 Amalgam 4+ surfaces	28.3125	113.25	75.5	37.75	151	
D2330 Resin, 1 surface Anterior	27.1875	108.75	72.5	36.25	145	
D2331 Resin, 2 surface Anterior	28.3125	113.25	75.5	37.75	151	
D2332 Resin, 3 surface Anterior	30.75	123	82	41	164	
D2335 Resin, 4+ surface Anterior	68.25	273	182	91	364	
D2336 Resin cm, anterior	64.6875	258.75	172.5	86.25	345	
D2337 Resin cm, anterior perm	69.5625	278.25	185.5	92.75	371	
D2391 Resin Comp 1. post	27.1875	108.75	72.5	36.25	145	
D2392 Resin Comp 2. post	40.5	162	108	54	216	
D2393 Resin Comp 3. post	45.75	183	122	61	244	
D2394 Resin Comp 4+. post	49.875	199.5	133	66.5	266	
D2799 Provisional Crown	64.6875	258.75	172.5	86.25	345	
D2929 Prefab Porc/Ceramic Crn	92.4375	369.75	246.5	123.25	493	
D2930 Stainless Steel Crn, prim	66.5625	266.25	177.5	88.75	355	
D2931 Stainless Steel Crn, Perm	71.8125	287.25	191.5	95.75	383	
D2932 Resin Crn	92.4375	369.75	246.5	123.25	493	
D2934 Prefab Coated Stainless Crn	92.4375	369.75	246.5	123.25	493	
D2940 Sedative Filing	14.8125	59.25	39.5	19.75	79	
D2951 Pin Retention, per tooth	6.1875	24.75	16.5	8.25	33	
D2970 Temp Crn	25.6875	102.75	68.5	34.25	137	
D3110 Pulp Cap, direct	13.125	52.5	35	17.5	70	
D3120 Pulp Cap, indirect	11.8125	47.25	31.5	15.75	63	
D3220 Therapeutic Pulp	40.875	163.5	109	54.5	218	
D4210 Gingivectomy 4+	148.125	592.5	395	197.5	790	
D4211 Gingivectomy less than 4	71.625	286.5	191	95.5	382	
D7110 Extraction single tooth	25.5	102	68	34	136	
D7111 Coronal Remnants, Decid	26.25	105	70	35	140	
D7140 Ext erupt or Exposed tooth	26.25	105	70	35	140	
D7210 Surgical Ext	32.625	130.5	87	43.5	174	
D7220 Removal Imp. tooth soft	40.875	163.5	109	54.5	218	
D7250 Root Removal	25.5	102	68	34	136	
D7960 Frenulectomy	49.3125	197.25	131.5	65.75	263	
D9110 Palliative ER	13.875	55.5	37	18.5	74	
D9230 analgesia	15.75	63	42	21	84	
D6420 Hospital Call	22.5	90	60	30	120	
D9630 Other Drug/meds by report	13.5	54	36	18	72	



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