

Good Faith Estimate of How Much You Will Pay - Dental Services

You or someone in your family made an appointment at Westside Family Healthcare or requested a good faith estimate of how much to expect to pay for each dental care appointment. The amount you pay for your appointment will depend on your family income, the number of family members, and the number of visits required to complete your care. When you visit Westside, our staff will help you determine your sliding fee scale (SFS). This is a good faith estimate of what you can expect your costs to be.

Westside does not yet know the diagnostic codes for your visit. We can estimate that you will be charged the amount indicated for your SFS, in Table 1. To determine your SFS, you must bring the items listed in Table 3 to your appointment.

Table 1.

Service	Code	Per Visit Charge by SFS					
		A	B	C	D	E	F
Dental Visit	TBD	\$50	\$60	\$70	\$80	\$90	\$100 in the visit plus balance
Specialized dental work (ex: root canals, crowns, dentures, bite guard)	TBD	A treatment plan with charge details will be attached to this Good Faith Estimate and will be signed by both provider and patient prior to treatment.					
Consultation price	D9310	\$15	\$20	\$25	\$30	\$35	\$75
Local anesthesia or drug dispensing (does not include prescription drugs obtained outside of our facilities)	Included in the cost of the visit.						

The next page has more information about our SFS and the information you need to bring to your appointment to determine your SFS.

Important Notes: This good faith estimate is based on our knowledge of your needs as of today. While serving you, our providers may recommend additional services that are not listed here. We have no information on the cost of services or products that you may need to obtain outside of our facilities. If you need help determining cost estimates for specialty care, our Dental Operations Manager is available to assist you. Your actual charges may vary from this estimate. This quote is not a contract and does not require you to obtain services from Westside. If your actual charges are more than \$400 more than this estimate, you can initiate a dispute resolution process between the provider and the patient. You can learn how to start this process at www.westsidehealth.org/gfe. Initiating a dispute resolution process will not reduce the quality of dental services you receive at Westside.

How Westside Family Healthcare Determines Your SFS

A patient's SFS is based on the number of people in their family and their total family income, using the table below.

Table 2.

Family Size	Sliding Fee Scale					
	A	B	C	D	E	F
1	Income Below \$12,880	\$12,881 to \$16,100	\$16,101 to \$19,320	\$19,321 to \$22,540	\$22,541 to \$25,760	Above \$25,761
2	Income Below \$17,420	\$17,421 to \$21,775	\$21,776 to \$26,130	\$26,131 to \$30,485	\$30,486 to \$34,840	Above \$34,841
3	Income Below \$21,960	\$21,961 to \$27,450	\$27,451 to \$32,940	\$32,941 to \$38,430	\$38,431 to \$43,920	Above \$43,921
4	Income Below \$26,500	\$26,501 to \$33,125	\$33,126 to \$39,750	\$39,751 to \$46,375	\$46,376 to \$53,000	Above \$53,001
5*	Income Below \$31,040	\$31,041 to \$38,800	\$38,801 to \$46,560	\$46,561 to \$54,320	\$54,321 to \$62,080	Above \$62,081

*There are additional family size and income levels available.

If Westside has not already assigned your SFS, or if your family income has recently changed, you must bring the proof of income documents in Table 3 for an entire month with you to your appointment.

Table 3.

Income Type	Proof of Income Required
Regular Employment	Paystubs or Payroll Reports
Self-Employment	Completed and Signed Tax Return
Unemployment Compensation	Benefits Letter from Unemployment Office
Social Security Payments	Benefits Letter from Social Security or bank statement reflecting SS payments
Retirement Payments	Benefits Letter or bank statement reflecting retirement payments
Alimony	Self-declared

If you forget to bring these documents to your appointment, you may be eligible for a temporary self-disclosed income SFS or you may be assigned SFS until you provide proof of income.

Example: A patient comes in for dental visit, has 4 people in their household, and their total income is counted as \$38,000. Using the Table 2 above, they are in SFS Payment Group "C". As the patient is in SFS group C, the charge for each dental visit is \$70.00.