



Payment Worksheet

Client Name _____

Parent(s) Name _____

Date _____

Federal Income Guidelines Monthly Income

	100%	≤ 138%	> 138%	150%	200%	≥ 213%	250%
1	\$11,770	\$16,243	\$16,244	\$17,655	\$23,540	\$25,070	\$29,425
2	\$15,930	\$21,983	\$21,984	\$23,895	\$31,860	\$33,931	\$39,825
3	\$20,090	\$27,724	\$27,725	\$30,135	\$40,180	\$42,792	\$50,225
4	\$24,250	\$33,465	\$33,466	\$36,375	\$48,500	\$51,653	\$60,625
5	\$28,410	\$39,206	\$39,207	\$42,615	\$56,820	\$60,513	\$71,025
6	\$32,570	\$44,947	\$44,948	\$48,855	\$65,140	\$69,374	\$81,425
7	\$36,730	\$50,687	\$50,688	\$55,095	\$73,460	\$78,235	\$91,825
8	\$40,890	\$56,428	\$56,429	\$61,335	\$81,780	\$87,096	\$102,225
For each additional person, add	\$4,160	\$5,741		\$6,240	\$8,320	\$8,861	\$10,400

	Family Income	Family Pays
Level 1	At or below poverty level	Fifty percent (50%) of fees
Level 2	Poverty level +\$1.00 to 150% of poverty level	Sixty-seven percent (67%) of fees
Level 3	150% + \$1.00 to 200% of poverty level	Seventy-five percent (75%) of fees
Level 4	200% + \$1.00 of poverty level	One hundred percent (100%) of fees

Formula:

Family Income: _____

Number of family members: _____

Payment level assigned: _____

Dental fees charged to PHP: _____

Multiply by % Payment Level: _____

Balance: _____

Family Balance Due: _____

Divide by number of months to pay: _____

Monthly Payment: _____