CHARLES B. WANG
COMMUNITY HEALTH CENTER

Charles B. Wang Community Health Center, Inc.

General Fee Codes Based on Household Income and Size

Effective April 1, 2026

Family Size		GI Nominal	G2 Discount	G3 Discount	G4 Discount	G6 Full fee
FPL		100% or less	>100%	>133%	>167%	> 200%
Family Size	Income					
1	Annual	$0 - $15,960	$15,961 - $21,227	$21,228 - $26,653	$26,654 - $31,920	> $31,920
2	Annual	$0 - $21,640	$21,641 - $28,781	$28,782 - $36,139	$36,140 - $43,280	> $43,280
3	Annual	$0 - $27,320	$27,321 - $36,336	$36,337 - $45,624	$45,625 - $54,640	> $54,640
4	Annual	$0 - $33,000	$33,001 - $43,890	$43,891 - $55,110	$55,111 - $66,000	> $66,000
5	Annual	$0 - $38,680	$38,681 - $51,444	$51,445 - $64,596	$64,597 - $77,360	> $77,360
6	Annual	$0 - $44,360	$44,361 - $58,999	$59,000 - $74,081	$74,082 - $88,720	> $88,720
7	Annual	$0 - $50,040	$50,041 - $66,553	$66,554 - $83,567	$83,568 - $100,080	> $100,080
8	Annual	$0 - $55,720	$55,721 - $74,108	$74,109 - $93,052	$93,053 - $111,440	> $111,440
9	Annual	$0 - $61,400	$61,401 - $81,662	$81,663 - $102,538	$102,539 - $122,800	> $122,800
10	Annual	$0 - $67,080	$67,081 - $89,216	$89,217 - $112,024	$112,025 - $134,160	> $134,160

Sliding Fee Scale

	G1 Nominal	G2 Discount	G3 Discount	G4 Discount	G6 Full fee
Diagnostics	$60	$80	$110	$140	$372
Preventive	$30	$40	$55	$70	$209
Restorative	$45	$60	$80	$105	$220
Periodontics	$60	$80	$95	$115	$315
Denture Adj	$50	$60	$70	$85	$300
Oral Surgery	$95	$125	$170	$225	$455
Adjunctive General Services	$50	$60	$70	$85	$300
Space Maintainer	$225	$285	$360	$460	$895
Other Restorative Services	$125	$165	$220	$295	$600
Crowns	$525	$605	$700	$815	$1,275
Endodontics	$375	$450	$740	$900	$1,320
Other Specialist Periodontics	$375	$450	$540	$650	$1,070
Denture	$575	$665	$775	$905	$1,870
Denture Repair	$150	$185	$225	$285	$520
Denture Rebase	$150	$250	$300	$385	$645
Denture Reline	$150	$250	$300	$385	$645
Interim (Flipper)	$250	$325	$390	$480	$675
Implant Supported	$450	$480	$575	$690	$1,145
Implant Crowns	$1,075	$1,265	$1,495	$1,765	$2,845
Other Implant Services	$350	$380	$410	$440	$575
Prostho fixed	$1,275	$1,475	$1,715	$2,005	$3,170
Therapeutic appliances	$225	$275	$340	$430	$625
Arestin per tooth	$40	$80	$120	$160	$200
Nitrous oxide	$40	$60	$90	$120	$150
Dental case management special health care needs	$60	$80	$150	$200	$250

This fee schedule is a general guide for payments based on patient's family size and income.
Patients are provided services regardless of their ability to pay.

Board Approved 2026.03.26