

APPENDIX C

**FINANCIAL ASSISTANCE
INCOME AND DISCOUNT SCHEDULE**

TABLE 1: FAMILY INCOME RANGES FOR FINANCIAL ASSISTANCE

FAMILY SIZE	100% FPL	150% FPL	200% FPL	250% FPL	300% FPL	350% FPL	400% FPL
1 PERSON	\$12,760	\$19,140	\$25,520	\$31,900	\$38,280	\$44,660	\$51,040
2 PEOPLE	\$17,240	\$25,860	\$34,480	\$43,100	\$51,720	\$60,340	\$68,960
3 PEOPLE	\$21,720	\$32,580	\$43,440	\$54,300	\$65,160	\$76,020	\$86,880
4 PEOPLE	\$26,200	\$39,300	\$52,400	\$65,500	\$78,600	\$91,700	\$104,800
5 PEOPLE	\$30,680	\$46,020	\$61,360	\$76,700	\$92,040	\$107,380	\$122,720
6 PEOPLE	\$35,160	\$52,740	\$70,320	\$87,900	\$105,480	\$123,060	\$140,640
7 PEOPLE	\$39,640	\$59,460	\$79,280	\$99,100	\$118,920	\$138,740	\$158,560
8 PEOPLE	\$44,120	\$66,180	\$88,240	\$110,300	\$132,360	\$154,420	\$176,480

- FAMILY SIZE: FOR EACH ADDITIONAL FAMILY MEMBER OVER 8 MEMBERS, ADD \$4,420 TO INCOME. PATIENTS WITH FAMILY INCOME OVER \$100,000 WILL NOT BE ELIGIBLE FOR FINANCIAL ASSISTANCE, REGARDLESS OF FAMILY SIZE.

- FPL: "FEDERAL POVERTY LEVEL" IS DETERMINED ANNUALLY BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

TABLE 2: AMOUNT OF DISCOUNT AND PATIENT RESPONSIBILITY

PATIENT'S HOUSEHOLD INCOME	LESS THAN 100% FPL	101% - 150% FPL	151% - 200% FPL	201% - 250% FPL	251% - 300% FPL	301% - 400% FPL
PATIENT'S DISCOUNT					60%	
PATIENT PAYS	CO-PAY	CO-PAY	CO-PAY	CO-PAY	40%	AGB
CO-PAYS						
INPATIENT HOSPITAL (PER STAY)	\$22 - \$235	\$330 - \$450	\$585 - \$900	\$945		
OUTPATIENT HOSPITAL/PHYSICIAN (PER DAY)	\$15 - \$30	\$30 - \$35	\$35 - \$45	\$50		
OTHER OUTPATIENT (PER ENCOUNTER)	\$30 - \$185	\$250 - \$335	\$425 - \$645	\$680		