CHARITY CARE AND REDUCED CHARITY CARE ELIGIBILITY CRITERIA

Effective: March 15, 2024

Patients Must Meet Both The Income and Assets Criteria

INCOME CRITERIA

	Patient Pays	Patient Pays		Patient Pays		Patient Pays		Patient Pays		Patient Pays
	0%	20%		40%		60%		80%		100%
	of Rate	of Rate		of Rate		of Rate		of Rate		of Rate
Family Size*	<=200%	>200<=225%		>225<=250%		>250<=275%		>275<=300%		>300%
1	\$30,120		\$30,121		\$33,886		\$37,651		\$41,416	\$45,181
	or less	to	\$33,885	to	\$37,650	to	\$41,415	to	\$45,180	or more
2	\$40,880		\$40,881		\$45,991		\$51,101		\$56,211	\$61,321
	or less	to	\$45,990	to	\$51,100	to	\$56,210	to	\$61,320	or more
3	\$51,640		\$51,641		\$58,096		\$64,551		\$71,006	\$77,461
	or less	to	\$58,095	to	\$64,550	to	\$71,005	to	\$77,460	or more
4	\$62,400		\$62,401		\$70,201		\$78,001		\$85,801	\$93,601
	or less	to	\$70,200	to	\$78,000	to	\$85,800	to	\$93,600	or more
5	\$73,160		\$73,161		\$82,306		\$91,451		\$100,596	\$109,741
	or less	to	\$82,305	to	\$91,450	to	\$100,595	to	\$109,740	or more
6	\$83,920		\$83,921		\$94,411		\$104,901		\$115,391	\$125,881
	or less	to	\$94,410	to	\$104,900	to	\$115,390	to	\$125,880	or more
7	\$94,680		\$94,681		\$106,516		\$118,351		\$130,186	\$142,021
	or less	to	\$106,515	to	\$118,350	to	\$130,185	to	\$142,020	or more
8	\$105,440		\$105,441		\$118,621		\$131,801		\$144,981	\$158,161
	or less	to	\$118,620	to	\$131,800	to	\$144,980	to	\$158,160	or more
For families with more than 8 members, add the following amounts to the highest amount in each										
column for each additional family member.										
	\$10,760		\$12,105		\$13,450		\$14,795		\$16,140	
*A pregnant woman is counted as 2 family members.										
	he 20% to 80%									

Percentage of Rate Paid By Patient When Gross Annual Income is Within the Following Ranges

If patients on the 20% to 80% sliding fee scale are responsible for qualified out-of-pocket paid medical expenses in excess of 30% of their gross annual income (i.e. bills unpaid by other parties), then the amount in excess of 30% is considered hospital payment assistance (charity care).

ASSETS CRITERIA

Individual assets cannot exceed \$7,500 and family assets cannot exceed \$15,000.

March, 2024