

Federal Poverty Guidelines

Annual amount for one (1) person

\$ 13,590

Additional amount for each additional person

\$ 4,720

# People	201%	400%	400%
1	\$ 2,276	\$ 4,530	\$ 4,530
2	3,067	6,103	6,103
3	3,858	7,677	7,677
4	4,648	9,250	9,250
5	5,439	10,823	10,823
6	6,229	12,397	12,397
7	7,020	13,970	13,970
8	7,811	15,543	15,543
9	8,601	17,117	17,117
10	9,392	18,690	18,690

Family Income at or below 200% of the Federal Poverty Level Guideline:

100% discount for all patient balances will be provided for patients whose family income is at or below 200% of the most recent FPL.

Family Income between 201% and 400% of the Federal Poverty Level Guideline:

A discount off of total charges equal to the then-current Medicare reimbursement for the same/similar procedure.

Patients whose income is below 400% of the FPL and have annual out of pocket costs in excess of 10% of their annual income will be granted additional assistance based on FSH records and/or the patient providing information regarding their healthcare expenses paid during the prior 12 months.