

2019 Charity Care Discount Guidelines (Uninsured)

Discount*	100**	80%	60%	40%	Cap at Amounts Generally Billed				
% of FPG	Below 100%	101.00%	175.00%	176.00%	250.00%	251.00%	350.00%	350.00%	400.00%
Household Size	Income								
1	\$12,490	\$12,491	\$21,859	\$21,860	\$31,225	\$31,126	\$43,715	\$43,716	\$49,960
2	\$16,910	\$16,911	\$29,594	\$29,595	\$42,275	\$42,276	\$59,185	\$59,186	\$67,640
3	\$21,330	\$21,331	\$37,329	\$37,330	\$53,325	\$53,326	\$74,655	\$74,656	\$85,320
4	\$25,750	\$25,751	\$45,064	\$45,065	\$64,375	\$64,375	\$90,125	\$90,126	\$103,000
5	\$30,170	\$30,171	\$52,799	\$52,800	\$75,425	\$75,426	\$105,595	\$105,596	\$120,680
6	\$34,590	\$34,591	\$60,534	\$60,535	\$86,475	\$86,476	\$121,065	\$121,066	\$138,360
7	\$39,010	\$39,011	\$68,269	\$68,270	\$97,525	\$97,526	\$136,535	\$136,536	\$156,040
8	\$43,430	\$43,431	\$76,004	\$76,005	\$108,575	\$108,576	\$152,005	\$152,006	\$173,720
Extra Person	\$4,180								

*Discount: The maximum amount a financial assistance eligible patient will be charged will be capped at AGB (i.e. amounts generally billed to insured individuals).

**Nominal Payment Guidelines by major service category

Inpatient Services, Ambulatory Surgery and MRI Testing - \$150/Discharge

Adult ED/Clinical Services - \$15/Visit

Prenatal and Pediatric ED/Clinic Services - No Charge

2019 Charity Care Discount Guidelines (Insured, but Patient responsibility due)

Discount*	100**	80%	60%	40%	20%				
% of FPG	Below 100%	101.00%	175.00%	176.00%	250.00%	251.00%	350.00%	350.00%	400.00%
Household Size	Income								
1	\$12,490	\$12,491	\$21,859	\$21,860	\$31,225	\$31,126	\$43,715	\$43,716	\$49,960
2	\$16,910	\$16,911	\$29,594	\$29,595	\$42,275	\$42,276	\$59,185	\$59,186	\$67,640
3	\$21,330	\$21,331	\$37,329	\$37,330	\$53,325	\$53,326	\$74,655	\$74,656	\$85,320
4	\$25,750	\$25,751	\$45,064	\$45,065	\$64,375	\$64,375	\$90,125	\$90,126	\$103,000
5	\$30,170	\$30,171	\$52,799	\$52,800	\$75,425	\$75,426	\$105,595	\$105,596	\$120,680
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8	\$43,430	\$43,431	\$76,004	\$76,005	\$108,575	\$108,576	\$152,005	\$152,006	\$173,720
Extra Person	\$4,180								

2019 Charity Care Discount Guidelines (Behavioral Health Services at 410)

Discount*	\$15	\$25	\$50	\$80	\$100				
% of FPG	Below 100%	101.00%	175.00%	176.00%	250.00%	251.00%	350.00%	350.00%	400.00%
Household Size	Income								
1	\$12,490	\$12,491	\$21,859	\$21,860	\$31,225	\$31,126	\$43,715	\$43,716	\$49,960
2	\$16,910	\$16,911	\$29,594	\$29,595	\$42,275	\$42,276	\$59,185	\$59,186	\$67,640
3	\$21,330	\$21,331	\$37,329	\$37,330	\$53,325	\$53,326	\$74,655	\$74,656	\$85,320
4	\$25,750	\$25,751	\$45,064	\$45,065	\$64,375	\$64,375	\$90,125	\$90,126	\$103,000
5	\$30,170	\$30,171	\$52,799	\$52,800	\$75,425	\$75,426	\$105,595	\$105,596	\$120,680
6	\$34,590	\$34,591	\$60,534	\$60,535	\$86,475	\$86,476	\$121,065	\$121,066	\$138,360
7	\$39,010	\$39,011	\$68,269	\$68,270	\$97,525	\$97,526	\$136,535	\$136,536	\$156,040
8	\$43,430	\$43,431	\$76,004	\$76,005	\$108,575	\$108,576	\$152,005	\$152,006	\$173,720
Extra Person	\$4,180								