

2018 Charity Care Discount Guidelines (Uninsured)

Discount*	Nominal Fee**	25%	50%	25%	Cap at Amounts Generally Billed
% of FPG	Below 100%	101-160%	161-220%	221-280%	281-340%
Household Size					
1	Below \$12,060	\$12,061-19,296	\$19,297-26,532	\$26,533-33,768	\$33,769-41,004
2	Below \$16,240	\$16,241-25,984	\$25,985-35,728	\$35,729-45,472	\$45,473-55,216
3	Below \$20,420	\$20,421-32,672	\$32,673-44,924	\$44,925-57,176	\$57,177-69,428
4	Below \$24,600	\$24,601-39,360	\$39,360-54,120	\$54,121-68,880	\$68,881-83,640
5	Below \$28,780	\$28,781-46,048	\$46,049-63,316	\$63,317-80,584	\$80,585-97,852
6	Below \$32,960	\$32,961-52,736	\$52,737-72,512	\$72,513-92,288	\$92,289-112,064
7	Below \$37,140	\$37,141-59,424	\$59,425-81,708	\$81,709-103,992	\$103,993-126,276
8	Below \$41,320	\$41,320-66,112	\$66,113-90,904	\$90,905-115,696	\$115,696-140,488
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 ER/Clinical Services - \$15/Visit

Prenatal and Pediatric ER/Clinic Services – No Charge

2018 Charity Care Discount Guidelines (Insured, but patient responsibility due)

Discount	100%	75%	50%	25%	5%
% of FPG	Below 100%	101-160%	161-220%	221-280%	281-340%
Household Size					
1	Below \$12,060	\$12,061-19,296	\$19,297-26,532	\$26,533-33,768	\$33,769-41,004
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Extra Person	\$4,180				

2018 Charity Care Discount Guidelines (Behavioral Health Services at 410)

Amount Due Per Week	\$15	\$25	\$50	\$80	\$100
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Extra Person	\$4,180				