

2020 Charity Care Discount Guidelines (Uninsured)

Discount*	100**	80%	60%	40%	Cap at Amounts Generally Billed				
% of FPG	Below 100%	101.00%	160.00%	161.00%	250.00%	251.00%	350.00%	350.00%	400.00%
Household Size	Income								
1	\$12,760	\$12,761	\$20,416	\$20,417	\$31,900	\$31,901	\$44,660	\$44,660	\$51,040
2	\$17,240	\$17,241	\$27,584	\$27,585	\$43,100	\$43,101	\$60,340	\$60,340	\$68,960
3	\$21,720	\$21,721	\$34,752	\$34,753	\$54,300	\$54,301	\$76,020	\$76,020	\$86,880
4	\$26,200	\$26,201	\$41,920	\$41,921	\$65,500	\$65,501	\$91,700	\$91,700	\$104,800
5	\$30,680	\$30,681	\$49,088	\$49,089	\$76,700	\$76,701	\$107,380	\$107,380	\$122,720
6	\$35,160	\$35,161	\$56,256	\$56,257	\$87,900	\$87,901	\$123,060	\$123,060	\$140,640
7	\$39,640	\$39,641	\$63,424	\$63,425	\$99,100	\$99,101	\$138,740	\$138,740	\$158,560
8	\$44,120	\$44,121	\$70,592	\$70,593	\$110,300	\$110,301	\$154,420	\$154,420	\$176,480
Extra Person	\$4,480								

*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

2020 Charity Care Discount Guidelines (Insured, but Patient responsibility due)

Discount*	100**	80%	60%	40%	20%				
% of FPG	Below 100%	101.00%	160.00%	161.00%	250.00%	251.00%	350.00%	350.00%	400.00%
Household Size	Income								
1	\$12,760	\$12,761	\$20,416	\$20,417	\$31,900	\$31,901	\$44,660	\$44,660	\$51,040
2	\$17,240	\$17,241	\$27,584	\$27,585	\$43,100	\$43,101	\$60,340	\$60,340	\$68,960
3	\$21,720	\$21,721	\$34,752	\$34,753	\$54,300	\$54,301	\$76,020	\$76,020	\$86,880
4	\$26,200	\$26,201	\$41,920	\$41,921	\$65,500	\$65,501	\$91,700	\$91,700	\$104,800
5	\$30,680	\$30,681	\$49,088	\$49,089	\$76,700	\$76,701	\$107,380	\$107,380	\$122,720
6	\$35,160	\$35,161	\$56,256	\$56,257	\$87,900	\$87,901	\$123,060	\$123,060	\$140,640
7	\$39,640	\$39,641	\$63,424	\$63,425	\$99,100	\$99,101	\$138,740	\$138,740	\$158,560
8	\$44,120	\$44,121	\$70,592	\$70,593	\$110,300	\$110,301	\$154,420	\$154,420	\$176,480
Extra Person	\$4,480								

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

Discount*	\$15	\$25	\$50	\$80	\$100				
% of FPG	Below 100%	101.00%	160.00%	161.00%	250.00%	251.00%	350.00%	350.00%	400.00%
Household Size	Income								
1	\$12,760	\$12,761	\$20,416	\$20,417	\$31,900	\$31,901	\$44,660	\$44,660	\$51,040
2	\$17,240	\$17,241	\$27,584	\$27,585	\$43,100	\$43,101	\$60,340	\$60,340	\$68,960
3	\$21,720	\$21,721	\$34,752	\$34,753	\$54,300	\$54,301	\$76,020	\$76,020	\$86,880
4	\$26,200	\$26,201	\$41,920	\$41,921	\$65,500	\$65,501	\$91,700	\$91,700	\$104,800
5	\$30,680	\$30,681	\$49,088	\$49,089	\$76,700	\$76,701	\$107,380	\$107,380	\$122,720
6	\$35,160	\$35,161	\$56,256	\$56,257	\$87,900	\$87,901	\$123,060	\$123,060	\$140,640
7	\$39,640	\$39,641	\$63,424	\$63,425	\$99,100	\$99,101	\$138,740	\$138,740	\$158,560
8	\$44,120	\$44,121	\$70,592	\$70,593	\$110,300	\$110,301	\$154,420	\$154,420	\$176,480
Extra Person	\$4,480								