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2021 Charity Care Discount Guidelines (Uninsured)										
Discount*	100** Below 100%		80%		60%		40%		Cap at Amounts Generally Billed	
% of FPG			101.00%	160.00%	161.00%	250.00%	251.00%	350.00%	350.00%	400.00%
Household Size	Income									
	1	\$12,880	\$12,881	\$20,608	\$20,609	\$32,200	\$32,201	\$45,080	\$45,080	\$51,520
	2	\$17,420	\$17,421	\$27,872	\$27,873	\$43,550	\$43,551	\$60,970	\$60,970	\$69,680
	3	\$21,960	\$21,961	\$35,136	\$35,137	\$54,900	\$54,901	\$76,860	\$76,860	\$87,840
	4	\$26,500	\$26,501	\$42,400	\$42,401	\$66,250	\$66,251	\$92,750	\$92,750	\$106,000
	5	\$31,040	\$31,041	\$49,664	\$49,665	\$77,600	\$77,601	\$108,640	\$108,640	\$124,160
	6	\$35,580	\$35,581	\$56,928	\$56,929	\$88,950	\$88,951	\$124,530	\$124,530	\$142,320
	7	\$40,120	\$40,121	\$64,192	\$64,193	\$100,300	\$100,301	\$140,420	\$140,420	\$160,480
	8	\$44,660	\$44,661	\$71,456	\$71,457	\$111,650	\$111,651	\$156,310	\$156,310	\$178,640
Extra Person		\$4.540								

<sup>\*</sup>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).

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

Adult ED/Clinical Services - \$15/Visit

Prenatal and Pediatric ED/Clinic Services - No Charge

<sup>\*\*</sup>Nominal Payment Guidelines by major service category

Discount*	100**		80%		60%		40%		20%	
		<u>.</u>						<u>'</u>		
% of FPG	Below 100%		101.00%	160.00%	161.00%	250.00%	251.00%	350.00%	350.00%	400.00%
Household Size	Income									
	1	\$12,880	\$12,881	\$20,608	\$20,609	\$32,200	\$32,201	\$45,080	\$45,080	\$51,520
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Extra Person		\$4,540								

Discount*	\$15	\$25		\$50		\$80		\$100	
Discourre	713								
% of FPG	Below 100%	101.00%	160.00%	161.00%	250.00%	251.00%	350.00%	350.00%	400.00%
Household Size	Income								
	1 \$12,880	\$12,881	\$20,608	\$20,609	\$32,200	\$32,201	\$45,080	\$45,080	\$51,520
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Extra Person	\$4,540								