

	Financial Assistance Guidelines For Uninsured Patients															Financial Assistance Guidelines For Insured Patients	
Household Size	If Household Income is Less than:	If Household I	e is between:	If Household Income is between:			If Household Income is between:			If Household Income is between:			If Household Income is Over:	Household Size	If Household Income is Less than:		
	200% of FPL	201% of FPL		250% of FPL	251% of FPL		300% of FPL	301% of FPL		350% of FPL	351% of FPL		400% of FPL	401% of FPL		400%	
1	\$29,160	\$29,161	-	\$36,450	\$36,451	-	\$43,740	\$43,741	-	\$51,030	\$51,031	-	\$58,320	\$58,320	1	\$58,320	
2	\$39,440	\$39,441	-	\$49,300	\$49,301	-	\$59,160	\$59,161	-	\$69,020	\$69,021	-	\$78,880	\$78,880	2	\$78,880	
3	\$49,720	\$49,721	-	\$62,150	\$62,151	-	\$74,580	\$74,581	-	\$87,010	\$87,011	-	\$99,440	\$99,440	3	\$99,440	
4	\$60,000	\$60,001	-	\$75,000	\$75,001	-	\$90,000	\$90,001	-	\$105,000	\$105,001	-	\$120,000	\$120,000	4	\$120,000	
5	\$70,280	\$70,281	-	\$87,850	\$87,851	-	\$105,420	\$105,421	-	\$122,990	\$122,991	-	\$140,560	\$140,560	5	\$140,560	
6	\$80,560	\$80,561	-	\$100,700	\$100,701	-	\$120,840	\$120,841	-	\$140,980	\$140,981	-	\$161,120	\$161,120	6	\$161,120	
7	\$90,840	\$90,841	-	\$113,550	\$113,551	-	\$136,260	\$136,261	-	\$158,970	\$158,971	-	\$181,680	\$181,680	7	\$181,680	
8	\$101,120	\$101,121	-	\$126,400	\$126,401	-	\$151,680	\$151,681	-	\$176,960	\$176,961	-	\$202,240	\$202,240	8	\$202,240	
Patient Discount:	100% of Outstanding Patient Balance	95% of Outstanding Patient Balance			90% of Outstanding Patient Balance			85% of Outstanding Patient Balance			80% of Outstanding Patient Balance			No FA Discount	Patient Discount:	10% of Outstanding Patient Balance	

*For households with more than 8 persons, add \$4720 for each additional person

Discount schedule based on the 2023 Federal Poverity Guidelines found at: https://aspe.hhs.gov/poverty-guidelines