

**Financial Assistance Program Chart
Sliding Fee Discount Program**

2023 Federal Poverty Level (FPL) Chart and Sliding Fee Discount Program

Family Size	FPL based on Annual Income	100% FPL	150% FPL	200% FPL	300% FPL	400% FPL
		100% Discount	80% Discount	60% Discount	40% Discount	20% Discount
1	\$ 14,580.00	\$ 14,580.00	\$ 21,870.00	\$ 29,160.00	\$ 43,740.00	\$ 58,320.00
2	\$ 19,720.00	\$ 19,720.00	\$ 29,580.00	\$ 39,440.00	\$ 59,160.00	\$ 78,880.00
3	\$ 24,860.00	\$ 24,860.00	\$ 37,290.00	\$ 49,720.00	\$ 74,580.00	\$ 99,440.00
4	\$ 30,000.00	\$ 30,000.00	\$ 45,000.00	\$ 60,000.00	\$ 90,000.00	\$ 120,000.00
5	\$ 35,140.00	\$ 35,140.00	\$ 52,710.00	\$ 70,280.00	\$ 105,420.00	\$ 140,560.00
6	\$ 40,280.00	\$ 40,280.00	\$ 60,420.00	\$ 80,560.00	\$ 120,840.00	\$ 161,120.00
7	\$ 45,420.00	\$ 45,420.00	\$ 68,130.00	\$ 90,840.00	\$ 136,260.00	\$ 181,680.00
8	\$ 50,560.00	\$ 50,560.00	\$ 75,840.00	\$ 101,120.00	\$ 151,680.00	\$ 202,240.00
For Each Add'l Person Add	\$ 5,140.00	\$ 5,140.00	\$ 7,710.00	\$ 10,280.00	\$ 15,420.00	\$ 20,560.00

*All income levels above represent adjusted gross income levels.

Patients At or Below 100% of the Federal Poverty Level

1	Have the patient fill out the monthly income section of the financial assistance application.
2	Reference the financial assistance application to determine the family size. For persons 18 years of age or older, family size should include, spouse, domestic partner and dependent children under 21 years old. For persons under 18 years of age, family size should include parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.
3	Verify that the patient makes equal to or less than the Federal Poverty Level annually based on family size and income.
4	Determine that the patient's injury is not a compensable injury for purposes of workers compensation, automobile insurance, or any other insurance that would apply.
5	Verify that the patient's household income does not exceed 100% of the federal poverty level above.
6	If the patient meets criteria 3-5 above, they qualify for a 100% writeoff. Maintain all documentation in a file for each patient that received the full discount. No approval is required from the CFO or designee if discount meets current policies and procedures.

Patients Above 100% of the Federal Poverty Level

1	Have the patient fill out the monthly income section of the financial assistance application.
2	Reference the financial assistance application to determine the family size. For persons 18 years of age or older, family size should include, spouse, domestic partner and dependent children under 21 years old. For persons under 18 years of age, family size should include parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.
3	Determine if the patient makes less than 400% of the Federal Poverty Level, based on family size and as outlined above to determine eligibility for a discount payment plan.
4	Apply the appropriate discount based on the table above to the patient's account.
5	Establish a payment plan with the patient that fits the payment schedule above, based on the outstanding amount due by the patient after writeoffs based on the sliding fee schedule above. No CFO or other designee approval is needed if the patient accepts these terms. Provide a copy of the signed payment plan to the patient.
6	If the patient disagrees with the payment terms as set forth above initiate establishment of a reasonable payment plan.
7	Under a reasonable payment plan, payments cannot exceed 10% of a patient's monthly family income after excluding deductions for essential living expenses, as outlined on the financial assistance application.
8	Make sure the patient provides all required documentation as outlined on the financial assistance application for essential living expenses.
9	Calculate what the payment plan would be if it was set at 10% of the patient's monthly family income that is left after essential living expenses are deducted.
10	Have the CFO or designee approve the reasonable payment plan and provide a copy of the signed payment plan to the patient.

Payment Schedule

Account Balance after Discount if Applicable	Minimum Monthly Payment
Up to \$100	Payment in Full
\$101-\$300	\$25
\$301-330	\$50
\$331-360	\$55
\$361-390	\$60
\$391-420	\$70
\$421-450	\$75
\$451-480	\$80
\$481-500	\$85
\$501-1,200	\$100
\$1,201-3,000	\$150
\$3,001-\$5,000	\$200
\$5,001 +	\$250