

Sliding Fee Scale Discount Table - 2019 HOSPITAL SERVICES

	Nominal fee	101-150% of FPL		151-250% of FPL		251-400 % of FPL MAX		Over 400% FPL NO MAX
Family size	Level 1 Maximum income limit	Level 2 Maximum income limit	Level 3 Maximum income limit	Level 4 maximum income limit	Level 5 maximum income limit	Sliding fee level 6 income range		Sliding fee scale Level 7 minimum income range (minimum)
1	\$12,490	\$15,613	\$18,735	\$24,980	\$31,225	\$31,226	\$49,960	\$49,961
2	\$16,910	\$21,138	\$25,365	\$33,820	\$42,275	\$42,276	\$67,640	\$67,641
3	\$21,330	\$26,663	\$31,995	\$42,660	\$53,325	\$53,326	\$85,320	\$85,321
4	\$25,750	\$32,188	\$38,625	\$51,500	\$64,375	\$64,376	\$103,000	\$103,001
5	\$30,170	\$37,713	\$45,255	\$60,340	\$75,425	\$75,426	\$120,680	\$120,681
6	\$34,590	\$43,238	\$51,885	\$69,180	\$86,475	\$86,476	\$138,360	\$138,361
7	\$39,010	\$48,763	\$58,515	\$78,020	\$97,525	\$97,526	\$156,040	\$156,041
8	\$43,430	\$54,288	\$65,145	\$86,860	\$108,575	\$108,576	\$173,720	\$173,721
For each addtl person add	\$4,420	\$5,525	\$6,630	\$8,840	\$11,050	\$17,680		N/A
Patient responsibility	\$100 or 5% of the Medicare rate (lesser of the 2)	10% of Medicare Rate	20% of Medicare Rate	50% of Medicare Rate	60% of Medicare Rate	75% of Medicare Rate		100% of Medicare Rate
Percentage over FPL	100% of FPL base	101-125% of FPL base	126-150% of FPL base	151-200% of FPL base	201-250% of FPL base	251-400% of FPL base		Over 400% of FPL

New York State Surcharge will be computed once bill is prorated to the correct amounts

Payment of full Self Pay (level 7) discounted Rates is due if income exceeds 400% of the FPL. Certain services are excluded in accordance with our policy. The responsibilities identified above are samples only and for an exact fee owed, please contact our financial services department at the numbers located in our policy. The income limits above are based upon the current 2019 Federal Poverty levels released by Health and Human Services yearly

There is no asset test for financial assistance.

In accordance with State Law, There is NO nominal fee for OB and Pediatric Level one eligible patients

Payment of full Self Pay (level 7) discounted Rates is due if income exceeds 400% of the FPL