

**SLIDING FEE SCALE BASED ON 2020/2021 FEDERAL POVERTY GUIDELINES**

All self pay patient to receive a 35% discount on hospital services. 10% discount on clinic services if the patient qualifies for Charity Discount

FAP - Will not cover any Primary Insurance deductibles or copays.

Family Size	100% FPG	125% FPG	150% FPG	175% FPG	200% FPG	250% FPG	300% FPG
	Less Than \$	Less Than \$	Less Than \$	Less Than \$	Less Than \$	Less Than \$	Less Than \$
1	\$12,760	\$15,950	\$19,140	\$22,330	\$25,520	\$31,900	\$38,280
2	\$17,240	\$21,550	\$25,860	\$30,170	\$34,480	\$43,100	\$51,720
3	\$21,720	\$27,150	\$32,580	\$38,010	\$43,440	\$54,300	\$65,160
4	\$26,200	\$32,750	\$39,300	\$45,850	\$52,400	\$65,500	\$78,600
5	\$30,680	\$38,350	\$46,020	\$53,690	\$61,360	\$76,700	\$92,040
6	\$35,160	\$43,950	\$52,740	\$61,530	\$70,320	\$87,900	\$105,480
7	\$39,640	\$49,550	\$59,460	\$69,370	\$79,280	\$99,100	\$118,920
8	\$44,120	\$55,150	\$66,180	\$77,210	\$88,240	\$110,300	\$132,360
Each addition family member	\$4,480	\$5,600	\$6,720	\$7,840	\$8,960	\$11,200	\$13,440

Hospital Expected Payment	\$0	\$0	\$0	80% MCR Rate	100% MCR Rate	100% MCR Rate	100% MCR Rate
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Clinic Expected Payment	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	\$35.00	\$40.00
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**ADDITIONAL INSTRUCTIONS:**

For any non-emergent patient, attempts should be made to collect as much of the deductible and Copay at registration. If the patient has a very large deductible and/or Copay amount due, the patient can fill out a financial assistance application. Once the application is returned with ALL the requested information, the application must be reviewed by the CFO or FAP Admin Team to determine if a charity discount can be offered.

*Medicare deductibles and Co Insurance amounts due from the patient must go through the collection process to be written off to Medicare Bad Debt.*

*Medicaid approved patients will not be eligible for the Financial Assistance Program (FAP)*