
CALCULATION OF AMOUNT OWED FOR FINANCIAL ASSISTANCE ELIGIBLE INDIVIDUALS

This hospital limits charges for emergency and other medically necessary care provided to patients eligible for financial assistance to Amounts Generally Billed (AGB) to insured individuals. The amounts generally billed to insured individuals is determined by taking all accounts paid in full over a recent 12-month period, for Medicare, Medicare Advantage, contracted and non-contracted commercial insurance, and calculating the average discount given. Your financial responsibility is then calculated as follows:

Your Total Charges X Calculated Average Discount Percentage = Your Financial Responsibility

If you receive emergency or other medically necessary care and are eligible for assistance under our financial assistance policy, you will never be billed more than this amount. ***To request the actual percentage discount applicable to your hospital of choice, please refer to the contact information provided on the cover page of the financial assistance document packet or the contact information included on the financial assistance section of your hospital's web page.***

Per our financial assistance policy, to qualify for a 100% reduction in your financial responsibility, you must have received emergency or other medical necessary care and have an annual household income that does not exceed 200% of the Federal Poverty Guideline, according to the table below. An application and supporting documentation is required to qualify.

2018 POVERTY GUIDELINES

All States (EXCEPT ALASKA AND HAWAII) AND D.C.

ANNUAL GUIDELINE

Family Size	PERCENT OF POVERTY GUIDELINE								
	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	12,140	14,568	16,146	16,389	18,210	21,245	22,459	24,280	30,350
2	16,460	19,752	21,892	22,221	24,690	28,805	30,451	32,920	41,150
3	20,780	24,936	27,637	28,053	31,170	36,365	38,443	41,560	51,950
4	25,100	30,120	33,383	33,885	37,650	43,925	46,435	50,200	62,750
5	29,420	35,304	39,129	39,717	44,130	51,485	54,427	58,840	73,550
6	33,740	40,488	44,874	45,549	50,610	59,045	62,419	67,480	84,350
7	38,060	45,672	50,620	51,381	57,090	66,605	70,411	76,120	95,150
8	42,380	50,856	56,365	57,213	63,570	74,165	78,403	84,760	105,950

For 100% FPL, and family units greater than 8 members, add \$4,320 for each additional family member