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## CALCULATION OF AMOUNT OWED FOR FINANCIAL ASSISTANCE ELIGIBLE INDIVIDUALS

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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 using the billing and coding process as if the individual receiving care were a Medicare fee-for-service beneficiary. Your financial responsibility is then calculated as follows:

$$\text{Your Total Charges} \times \text{Medicare Fee-For-Service Discount Percentage} = \text{Your Financial Responsibility}$$

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.

### 2017 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	12,060	14,472	16,040	16,281	18,090	21,105	22,311	24,120	30,150
2	16,240	19,488	21,599	21,924	24,360	28,420	30,044	32,480	40,600
3	20,420	24,504	27,159	27,567	30,630	35,735	37,777	40,840	51,050
4	24,600	29,520	32,718	33,210	36,900	43,050	45,510	49,200	61,500
5	28,780	34,536	38,277	38,853	43,170	50,365	53,243	57,560	71,950
6	32,960	39,552	43,837	44,496	49,440	57,680	60,976	65,920	82,400
7	37,140	44,568	49,396	50,139	55,710	64,995	68,709	74,280	92,850
8	41,320	49,584	54,956	55,782	61,980	72,310	76,442	82,640	103,300

For 100% FPL, and family units greater than 8 members, add \$4,180 for each additional family member