
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 and 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.

2020 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	12,760	15,312	16,971	17,226	19,140	22,330	23,606	25,520	31,900
2	17,240	20,688	22,929	23,274	25,860	30,170	31,894	34,480	43,100
3	21,720	26,064	28,888	29,322	32,580	38,010	40,182	43,440	54,300
4	26,200	31,440	34,846	35,370	39,300	45,850	48,470	52,400	65,500
5	30,680	36,816	40,804	41,418	46,020	53,690	56,758	61,360	76,700
6	35,160	42,192	46,763	47,466	52,740	61,530	65,046	70,320	87,900
7	39,640	47,568	52,721	53,514	59,460	69,370	73,334	79,280	99,100
8	44,120	52,944	58,680	59,562	66,180	77,210	81,622	88,240	110,300

For 100% FPL, and family units greater than 8 members, add \$4,480 for each additional family member