

Calculations 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 are required to qualify.

2021 Poverty Guidelines

All States (Except Alaska and Hawaii) and D.C.

ANNUAL GUIDELINES

Family Size	Percent of Poverty Guidelines								
	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	12,880	15,456	17,130	17,388	19,320	22,540	23,828	25,760	32,200
2	17,420	20,904	23,169	23,517	26,130	30,485	32,227	34,840	43,550
3	21,960	26,352	29,207	29,646	32,940	38,430	40,626	43,920	54,900
4	26,500	31,800	35,245	35,775	39,750	46,375	49,025	53,000	66,250
5	31,040	37,248	41,283	41,904	46,560	54,320	57,424	62,080	77,600
6	35,580	42,696	47,321	48,033	53,370	62,265	65,823	71,160	88,950
7	40,120	48,144	53,360	54,162	60,180	70,210	74,222	80,240	100,300
8	44,660	53,592	59,398	60,291	66,990	78,155	82,621	89,200	111,650

For 200% FPL, and family units greater than 8 members, add \$4,540 for each additional family member