

---

## 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.

### 2019 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	12,490	14,988	16,612	16,862	18,735	21,858	23,107	24,980	31,225
2	16,910	20,292	22,490	22,829	25,365	29,593	31,284	33,820	42,275
3	21,330	25,596	28,369	28,796	31,995	37,328	39,461	42,660	53,325
4	25,750	30,900	34,248	34,763	38,625	45,063	47,638	51,500	64,375
5	30,170	36,204	40,126	40,730	45,255	52,798	55,815	60,340	75,425
6	34,590	41,508	46,005	46,697	51,885	60,533	63,992	69,180	86,475
7	39,010	46,812	51,883	52,664	58,515	68,268	72,169	78,020	97,525
8	43,430	52,116	57,762	58,631	65,145	76,003	80,346	86,860	108,575

For 100% FPL, and family units greater than 8 members, add \$4,420 for each additional family member