



Financial Assistance Guidelines For Uninsured Patients											
Household Size	If Household Income is Less than:	If Household Income is between:		If Household Income is between:		If Household Income is between:		If Household Income is between:		If household Income is Over:	
	200% of FPL	201% of FPL	250% of FPL	251% of FPL	300% of FPL	301% of FPL	350% of FPL	351% of FPL	400% of FPL	401% of FPL	
1	\$31,300	\$31,301	- \$39,125	\$39,126	- \$46,950	\$46,951	- \$54,775	\$54,776	- \$62,600	\$62,600	
2	\$42,300	\$42,301	- \$52,875	\$52,876	- \$63,450	\$63,451	- \$74,025	\$74,026	- \$84,600	\$84,600	
3	\$53,300	\$53,301	- \$66,625	\$66,626	- \$79,950	\$79,951	- \$93,275	\$93,276	- \$106,600	\$106,600	
4	\$64,300	\$64,301	- \$80,375	\$80,376	- \$96,450	\$96,451	- \$112,525	\$112,526	- \$128,600	\$128,600	
5	\$75,300	\$75,301	- \$94,125	\$94,126	- \$112,950	\$112,951	- \$131,775	\$131,776	- \$150,600	\$150,600	
6	\$86,300	\$86,301	- \$107,875	\$107,876	- \$129,450	\$129,451	- \$151,025	\$151,026	- \$172,600	\$172,600	
7	\$97,300	\$97,301	- \$121,625	\$121,626	- \$145,950	\$145,951	- \$170,275	\$170,276	- \$194,600	\$194,600	
8	\$108,300	\$108,301	- \$135,375	\$135,376	- \$162,450	\$162,451	- \$189,525	\$189,526	- \$216,600	\$216,600	
Patient Discount:	100% of Outstanding Patient Balance	95% of Outstanding Patient Balance		90% of Outstanding Patient Balance		85% of Outstanding Patient Balance		80% of Outstanding Patient Balance		No FA Discount	

\*For households with more than 8 persons, add \$5380 for each additional person  
Discount schedule based on the 2024 Federal Poverty Guidelines found at: <https://aspe.hhs.gov/poverty-guidelines>

Financial Assistance Guidelines For Insured Patients											
Household Size	If Household Income is Less than:	If Household Income is between:		If Household Income is between:		If Household Income is between:		If Household Income is between:		If household Income is Over:	
	200% of FPL	201% of FPL	250% of FPL	251% of FPL	300% of FPL	301% of FPL	350% of FPL	351% of FPL	400% of FPL	401% of FPL	
1	\$31,300	\$31,301	- \$39,125	\$39,126	- \$46,950	\$46,951	- \$54,775	\$54,776	- \$62,600	\$62,600	
2	\$42,300	\$42,301	- \$52,875	\$52,876	- \$63,450	\$63,451	- \$74,025	\$74,026	- \$84,600	\$84,600	
3	\$53,300	\$53,301	- \$66,625	\$66,626	- \$79,950	\$79,951	- \$93,275	\$93,276	- \$106,600	\$106,600	
4	\$64,300	\$64,301	- \$80,375	\$80,376	- \$96,450	\$96,451	- \$112,525	\$112,526	- \$128,600	\$128,600	
5	\$75,300	\$75,301	- \$94,125	\$94,126	- \$112,950	\$112,951	- \$131,775	\$131,776	- \$150,600	\$150,600	
6	\$86,300	\$86,301	- \$107,875	\$107,876	- \$129,450	\$129,451	- \$151,025	\$151,026	- \$172,600	\$172,600	
7	\$97,300	\$97,301	- \$121,625	\$121,626	- \$145,950	\$145,951	- \$170,275	\$170,276	- \$194,600	\$194,600	
8	\$108,300	\$108,301	- \$135,375	\$135,376	- \$162,450	\$162,451	- \$189,525	\$189,526	- \$216,600	\$216,600	
Patient Discount:	100% of Outstanding Patient Balance	25% of Outstanding Patient Balance		20% of Outstanding Patient Balance		15% of Outstanding Patient Balance		10% of Outstanding Patient Balance		No FA Discount	

\*For households with more than 8 persons, add \$5380 for each additional person  
Discount schedule based on the 2024 Federal Poverty Guidelines found at: <https://aspe.hhs.gov/poverty-guidelines>

Effective 04/28/2025