

# 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 is required to qualify.

## 2024 Poverty Guidelines

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

### Annual Guidelines

Family Size	Percent of Poverty Guidelines				
	100%	133%	138%	150%	200%
1	\$15,060	\$20,030	\$20,783	\$22,590	\$30,120
2	\$20,440	\$27,185	\$28,207	\$30,660	\$40,880
3	\$25,820	\$34,341	\$35,632	\$38,730	\$51,640
4	\$31,200	\$41,496	\$43,056	\$46,800	\$62,400
5	\$36,580	\$48,651	\$50,480	\$54,870	\$73,160
6	\$41,960	\$55,807	\$57,905	\$62,940	\$83,920
7	\$47,340	\$62,962	\$65,329	\$71,010	\$94,680
8	\$52,720	\$70,118	\$72,754	\$79,080	\$105,440

For 200% FPL, and family units greater than 8 members, add \$5,380 for each additional family member