

Notice of Availability of Healthcare Assistance Program - Effective March 1, 2018

Patient eligibility for the Healthcare Assistance Program is determined by measuring family income against the federal poverty guidelines. The current income guidelines are as follows:

**Sliding Payment Scale
based on
Monthly Income**

Family Size	Patient Pays 0% Monthly Income	Patient Pays 26% Monthly Income	Patient Pays 48% Monthly Income	Patient Pays 56% Monthly Income	Patient Pays 63% Monthly Income	Patient Pays 100% Monthly Income Over
1	0 to 1,012	1,013 to 1,518	1,519 to 2,023	2,024 to 2,529	2,530 to 3,035	3,036
2	0 to 1,372	1,373 to 2,058	2,059 to 2,743	2,744 to 3,429	3,430 to 4,115	4,116
3	0 to 1,732	1,733 to 2,598	2,599 to 3,463	3,464 to 4,329	4,330 to 5,195	5,196
4	0 to 2,092	2,093 to 3,138	3,139 to 4,183	4,184 to 5,229	5,230 to 6,275	6,276
5	0 to 2,452	2,453 to 3,678	3,679 to 4,903	4,904 to 6,129	6,130 to 7,355	7,356
6	0 to 2,812	2,813 to 4,218	4,219 to 5,623	5,624 to 7,029	7,030 to 8,435	8,436
7	0 to 3,172	3,173 to 4,758	4,759 to 6,343	6,344 to 7,929	7,930 to 9,515	9,516
8	0 to 3,532	3,533 to 5,298	5,299 to 7,063	7,064 to 8,829	8,830 to 10,595	10,596

For family units with more than eight (8) members, add \$360 per month for each additional member.

If you think you are eligible for the Healthcare Assistance Program and wish to request it, please make a written request to the Business Office. The Business Office will make a written determination of eligibility within fourteen (14) business days of your request, provided you have supplied the proper documentation.

The federal poverty guidelines change each year and will be reflected in this schedule when we are notified by the Department of Health.