

Notice of Availability of Healthcare Assistance Program - Effective January 23, 2024

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	Category 1	Category 2	Category 3	Category 4
	Patient Pays 0% Monthly Income	Patient Pays 25% Monthly Income	Patient Pays 50% Monthly Income	Patient Pays 100% Monthly Income Over
1	0 to 2,510	2,511 to 3,038	3,039 to 3,645	3,646
2	0 to 3,407	3,408 to 4,108	4,109 to 4,930	4,931
3	0 to 4,303	4,304 to 5,179	5,180 to 6,215	6,216
4	0 to 5,200	5,201 to 6,250	6,251 to 7,500	7,501
5	0 to 6,097	6,098 to 7,321	7,322 to 8,785	8,786
6	0 to 6,993	6,994 to 8,392	8,393 to 10,070	10,071
7	0 to 7,890	7,891 to 9,463	9,464 to 11,355	11,356
8	0 to 8,787	8,788 to 10,533	10,534 to 12,640	12,641

For family units with more than eight (8) members, add the following per month for each additional member:

Category 1	\$ 896.67
Category 2	\$ 1,120.83
Category 3	\$ 1,345.00

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.