

Notice of Availability of Healthcare Assistance Program - Effective January 23, 2026

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**

100%		200% of FPL		250%		300% of FPL		
Family Size	Per Month	Category 1 Patient Pays 0%		Category 2 Patient Pays 25%		Category 3 Patient Pays 50%		Category 4 Patient Pays 100% Monthly Income Over
		Monthly Income		Monthly Income		Monthly Income		
1	15,960	1,330	0 to 2,660	2,661 to 3,325	3,326 to 3,990	3,991		
2	21,640	1,803	0 to 3,607	3,608 to 4,508	4,509 to 5,410	5,411		
3	27,320	2,277	0 to 4,553	4,554 to 5,692	5,693 to 6,830	6,831		
4	33,000	2,750	0 to 5,500	5,501 to 6,875	6,876 to 8,250	8,251		
5	38,680	3,223	0 to 6,447	6,448 to 8,058	8,059 to 9,670	9,671		
6	44,360	3,697	0 to 7,393	7,394 to 9,242	9,243 to 11,090	11,091		
7	50,040	4,170	0 to 7,890	7,891 to 10,425	10,426 to 12,510	12,511		
8	55,720	4,643	0 to 9,287	9,288 to 11,608	11,609 to 13,930	13,931		

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

Category 1	\$ 933.33	5,600 each person
Category 2	\$ 1,166.67	
Category 3	\$ 1,400.00	

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 fifteen (15) 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