

INCOME BASED DISCOUNT ELIGIBILITY CRITERIA AND DISCOUNT

Updated with the 2019 HHS Limits

Beginning 1-13-2019, the patient is eligible for the following discount if he/she submits a complete financial assistance application.

Family Size	1	2	3	4	5	6	7	8 or more
Poverty Guidelines	\$12,490	\$16,910	\$21,330	\$25,750	\$30,170	\$34,590	\$39,010	\$43,430
First Discount: 0 to 200% of poverty guidelines or less If a patient's Family Income is this amount or less	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860
Second Discount: Over 200% and under 600% of poverty guidelines	Between \$24,980 and \$74,940	Between \$33,820 and \$101,460	Between \$42,660 and \$127,980	Between \$51,500 and \$154,500	Between \$60,340 and \$181,020	Between \$69,180 and \$207,540	Between \$78,020 and \$234,060	Between \$86,860 and \$260,580

*For families/households with more than 8 persons, add \$4,420 for each additional person.

*Please note: The above information on the 2019 HHS Poverty Guidelines refers to the 48 contiguous states and the District of Columbia. Alaska and Hawaii have separate calculations.