

SLIDING FEE SCALE BASED ON 2025 FEDERAL POVERTY GUIDELINES

All self pay patient to receive a 35% discount on hospital services. 10% discount on clinic services

FAP - Will not cover any Primary Insurance deductibles or copays.

Family Size	100% FPG	125% FPG	150% FPG	175% FPG	200% FPG	250% FPG	300% FPG
	Less Than \$	Less Than \$	Less Than \$	Less Than \$	Less Than \$	Less Than \$	Less Than \$
1	\$15,650	\$19,563	\$23,475	\$27,388	\$31,300	\$39,125	\$46,950
2	\$21,150	\$26,438	\$31,725	\$37,013	\$42,300	\$52,875	\$63,450
3	\$26,650	\$33,313	\$39,975	\$46,638	\$53,300	\$66,625	\$79,950
4	\$32,150	\$40,188	\$48,225	\$56,263	\$64,300	\$80,375	\$96,450
5	\$37,650	\$47,063	\$56,475	\$65,888	\$75,300	\$94,125	\$112,950
6	\$43,150	\$53,938	\$64,725	\$75,513	\$86,300	\$107,875	\$129,450
7	\$48,650	\$60,813	\$72,975	\$85,138	\$97,300	\$121,625	\$145,950
8	\$54,150	\$67,688	\$81,225	\$94,763	\$108,300	\$135,375	\$162,450
Each addition							
family member	\$5,500	\$6,875	\$8,250	\$9,625	\$11,000	\$13,750	\$16,500

Hospital Expected Payment	\$0	\$0	\$0	80% MCR Rate	100% MCR Rate	100% MCR Rate	100% MCR Rate
	Co-Pay		Co-Pay		Co-Pay		Co-Pay
Clinic Expected Payment	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	\$35.00	\$40.00

ADDITIONAL INSTRUCTIONS:

For any non-emergent patient, attempts should be made to collect as much of the deductible and Copay at registration. If the patient has a very large deductible and/or Copay amount due, the patient can fill out a financial assistance application. Once the application is returned with ALL the requested information, the application must be reviewed by the CFO or FAP Admin Team to determine if a charity discount can be offered.

Medicare deductibles and Co Insurance amounts due from the patient must go through the collection process to be written off to Medicare Bad Debt.

Medicaid approved patients will not be eligible for the Financial Assistance Program (FAP)

Patients that have a double insurance will not be eligible for the Financial Assistance Program (FAP)