

Egleville Hospital

Financial Assistance and Partial Financial Assistance Table* 2019

To apply for Financial Assistance or Partial Financial Assistance, the patient must complete a Financial Assistance Application including proof of income, assets requested documentation.

Size of Family Unit	2xFPG**	3xFPG	4xFPG	5xFPG
	100% Financial Aid	50% Discount	20% Discount	10% Discount
1	\$24,980	\$37,470	\$49,960	\$62,450
2	\$33,820	\$50,730	\$67,640	\$84,550
3	\$42,660	\$63,990	\$85,320	\$106,650
4	\$51,500	\$77,250	\$103,000	\$128,750
5	\$60,340	\$90,510	\$120,680	\$150,850
6	\$69,180	\$103,770	\$138,360	\$172,950
7	\$78,020	\$117,030	\$156,040	\$195,050
8	\$86,860	\$130,290	\$173,720	\$217,150
<p>For families with more than 8 persons, add \$4,320 for each additional person.</p> <p>*This Table shall be adjusted in accordance with annually released changes to the Federal Poverty Levels. The extent of Financial Assistance and Partial Financial Assistance is also contingent on the level of assets available to pay for care without becoming medically indigent, as further set forth in Financial Assistance Policy.</p> <p>** FPG = FEDERAL POVERTY GUIDELINES</p>				

SOURCE: [Federal Register](#), "The poverty guidelines updated periodically in the *Federal Register* by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2)." Rev. 2/2019 ams