



Financial Assistance Income Guidelines 2020

Good Samaritan Hospital Medical Center

Mercy Medical Center

St. Catherine of Siena Medical Center

St. Charles Hospital

St. Francis Hospital

St. Joseph Hospital

Eligibility Percentage	100%	80%	60%	40%	20%
% of Poverty Level	0% - 300%	301% - 325%	326% - 350%	351% - 375%	376% - 400%
Family Size					
1	\$ 12,760 - 38,280	\$ 38,281 - 41,470	\$ 41,471 - 44,660	\$ 44,661 - 47,850	\$ 47,851 - 51,040
2	17,240 - 51,720	51,721 - 56,030	56,031 - 60,340	60,341 - 64,650	64,651 - 68,960
3	21,720 - 65,160	65,161 - 70,590	70,591 - 76,020	76,021 - 81,450	81,451 - 86,880
4	26,200 - 78,600	78,601 - 85,150	85,151 - 91,700	91,701 - 98,250	98,251 - 104,800
5	30,680 - 92,040	92,041 - 99,710	99,711 - 107,380	107,381 - 115,050	115,051 - 122,720
6	35,160 - 105,480	105,481 - 114,270	114,271 - 123,060	123,061 - 131,850	131,851 - 140,640
7	39,640 - 118,920	118,921 - 128,830	128,831 - 138,740	138,741 - 148,650	148,651 - 158,560
8	44,120 - 132,360	132,361 - 143,390	143,391 - 154,420	154,421 - 165,450	165,451 - 176,480
9	48,600 - 145,800	145,801 - 157,950	157,951 - 170,100	170,101 - 182,250	182,251 - 194,400
10	53,080 - 159,240	159,241 - 172,510	172,511 - 185,780	185,781 - 199,050	199,051 - 212,320
11	57,560 - 172,680	172,681 - 187,070	187,071 - 201,460	201,461 - 215,850	215,851 - 230,240
12	62,040 - 186,120	186,121 - 201,630	201,631 - 217,140	217,141 - 232,650	232,651 - 248,160
For each additional person, add	\$4,480				

The above income levels refer to family income. Family income includes earnings, unemployment compensation, workers' compensation, Social Security, supplemental security income, public assistance, veteran payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as food stamps and housing subsidies) do not count. Family income is calculated before taxes and excludes unrealized capital gains or losses.

Other Asset Exemptions: Available assets shall be converted to income for comparison to poverty guidelines, on a dollar for dollar basis, but will exclude from consideration the following assets in considering whether the patient meets the financial assistance criteria: savings accounts and other liquid assets with balances of less than six months of income; assets held in a tax-deferred or comparable retirement savings account; college savings accounts; all personal property, including, but not limited to, household goods, wedding/engagement rings and medical equipment; available business equity below \$50,000; automobiles used regularly by a patient or immediate family members; and other assets at our discretion that we may believe are in the patient's best interest to exempt.