



## Clifton-Fine Hospital Financial Assistance Award Guidelines

	0%-200%	201%-225%	226%-250%	251%-400%
CFH Medically Necessary Services. <b>(uninsured &amp; screened for insurance)</b>	100% discount of patient responsibility	40% discount of patient responsibility	20% discount of patient responsibility	Discounted to the Medicare rate
CFH Medically Necessary Services <b>(uninsured)</b>	100% discount of patient responsibility	40% discount of patient responsibility	20% discount of patient responsibility	0% discount

## Family Size – Monthly Gross Income- Per Federal Poverty Level (FPL)

Family Size	0%-200%	201%-225%	226%-250%	251%-400%
<b>1</b>	\$0-\$2,265	\$2,276-\$2,548	\$2,559-\$2,831	\$2,843-\$4,530
<b>2</b>	\$0-\$3,052	\$3,067-\$3,433	\$3,448-\$3,815	\$3,830-\$6,103
<b>3</b>	\$0-\$3,838	\$3,858-\$4,318	\$4,337-\$4,798	\$4,817-\$7,677
<b>4</b>	\$0-\$4,625	\$4,648-\$5,203	\$5,226-\$5,781	\$5,904-\$9,250
<b>5</b>	\$0-\$5,412	\$5,439-\$6,088	\$6,115-\$6,765	\$6,792-\$10,823
<b>6</b>	\$0-\$6,198	\$6,229-\$6,973	\$7,004-\$7,748	\$7,779-\$12,397
<b>7</b>	\$0-\$6,985	\$7,020-\$7,858	\$7,893-\$8,731	\$8,766-\$13,970
<b>8</b>	\$0-\$7,772	\$7,811-\$8,743	\$8,782-\$9,715	\$9,753-\$15,543

Generated from the Federal Poverty Level Calculator found at <https://home.mycoverageplan.com/fpl.html>