

Sliding Fee Scale Discount Table - 2024
FACILITY SERVICES
Uninsured only

	Base FPL	upto 200% of FPL	300% of FPL	400% of FPL	Over 401% FPL NO MAX
Family size	2024 Base FPL	Level 1 Maximum income limit (200% FPL)	Level 2 maximum income limit (300% FPL)	Level 3 maximum income limit (400% FPL)	Uninsured discounted Self Pay minimum income range (minimum)
1	\$15,060	\$30,120	\$45,180	\$60,240	\$60,241
2	\$20,440	\$40,880	\$61,320	\$81,760	\$81,761
3	\$25,820	\$51,640	\$77,460	\$103,280	\$103,281
4	\$31,200	\$62,400	\$93,600	\$124,800	\$124,801
5	\$36,580	\$73,160	\$109,740	\$146,320	\$146,321
6	\$41,960	\$83,920	\$125,880	\$167,840	\$167,841
7	\$47,340	\$94,680	\$142,020	\$189,360	\$189,361
8	\$52,720	\$105,440	\$158,160	\$210,880	\$210,881
For each add'l person add	\$5,380	\$10,760	\$16,140	\$21,520	N/A
Patient responsibility	BASE FPL RATES (for info only)	No Patient Responsibility	10% of the NYS Medicaid Rate	20% of the NYS Medicaid Rate	Medicare Rate
Percentage over FPL	100% of FPL base	200%	300%	400%	Over 401% of FPL

New York State Surcharge will be computed once bill is prorated to the correct amounts

There is no asset test for financial assistance.

In accordance with State Law, There is NO nominal fee for ALL Level one eligible patients

Payment of full Self Pay (level 4) discounted Rates is due if income exceeds 400% of the FPL. Certain services are excluded in accordance with our policy. The responsibilities identified above are samples only and for an exact fee owed, please contact our financial services department at the numbers located in our policy. The income limits above are based upon the current 2024 Federal Poverty levels released by Health and Human Services yearly

use this area for any messages

Payment of full Self Pay (level 7) discounted Rates is due if income exceeds 400% of the FPL