

Notice of Availability of Healthcare Assistance Program - Effective July 1, 2022

Patient eligibility for the Healthcare Assistance Program is determined by measuring family income against the federal poverty guidelines. The current income guidelines are as follows:

Sliding Payment Scale based on Monthly Income

Family Size	Category 1 Patient Pays 0% Monthly Income	Category 2 Patient Pays 25% Monthly Income	Category 3 Patient Pays 50% Monthly Income	Category 4 Patient Pays 100% Monthly Income Over
1	0 to 2,265	2,266 to 2,831	2,832 to 3,398	3,399
2	0 to 3,052	3,053 to 3,815	3,816 to 4,578	4,579
3	0 to 3,838	3,839 to 4,798	4,799 to 5,758	5,759
4	0 to 4,625	4,626 to 5,781	5,782 to 6,938	6,939
5	0 to 5,412	5,413 to 6,765	6,766 to 8,118	8,119
6	0 to 6,198	6,199 to 7,748	7,749 to 9,298	9,299
7	0 to 6,985	6,986 to 8,731	8,732 to 10,478	10,479
8	0 to 7,772	7,773 to 9,715	9,716 to 11,658	11,659

For family units with more than eight members, add the following per month for each additional member:

Category 1	\$ 786.67
Category 2	\$ 983.33
Category 3	\$ 1,180.00

If you think you are eligible for the Healthcare Assistance Program and wish to request it, please make a written request to the Business Office. The Business Office will make a written determination of eligibility within fourteen (14) business days of your request, provided you have supplied the proper documentation.

**For questions on amounts billed, please contact a financial counselor at
(509) 861-2440 or (509) 826-7647**