

UPDATED 02/13/19

ELECTRA HOSPITAL DISTRICT
 ELECTRA MEMORIAL HOSPITAL
 2019 FINANCIAL ASSISTANCE WORKSHEET

Date: _____

Applicant _____

Other household members covered by this application _____

Total Income - Attachment A _____

of Dependents - Attachment A _____

| COME LESS THAN OR EQUAL TO: | | | | | |
|---|--|----------|----------|----------|-----------|
| Family Size | Percentage of Federal Poverty Income Guidelines (2019) | | | | |
| | 50% | 100% | 150% | 200% | 300% |
| 1 | \$6,245 | \$12,490 | \$18,735 | \$24,980 | \$37,470 |
| 2 | \$8,455 | \$16,910 | \$25,365 | \$33,820 | \$50,730 |
| 3 | \$10,665 | \$21,330 | \$31,995 | \$42,660 | \$63,990 |
| 4 | \$12,875 | \$25,750 | \$38,625 | \$51,500 | \$77,250 |
| 5 | \$15,085 | \$30,170 | \$45,255 | \$60,340 | \$90,510 |
| 6 | \$17,295 | \$34,590 | \$51,885 | \$69,180 | \$103,770 |
| 7 | \$19,505 | \$39,010 | \$58,515 | \$78,020 | \$117,030 |
| 8 | \$21,715 | \$43,430 | \$65,145 | \$86,860 | \$130,290 |
| For each additional household member add: | \$2,210 | \$4,420 | \$6,630 | \$8,840 | \$13,260 |
| PATIENT RESPONSIBILITY | | | | | |
| NURSE PRACTITIONER CLINIC VISIT | \$10 | \$20 | 25% | 50% | 50% |
| OUTPATIENT | 5% | 10% | 25% | 50% | 50% |
| EMERGENCY ROOM | \$35 | \$50 | 25% | 50% | 50% |
| HOSPITAL INPATIENT | \$50/DAY | \$75/DAY | 25% | 50% | 50% |
| GDS/IPP COPAY | \$10 | \$20 | \$35 | \$45 | \$45 |

Applicant(s) qualify for the following:

| | Copayment | Percentage |
|---------------------------------|-----------|------------|
| Nurse Practitioner Clinic Visit | | |
| Outpatient | | |
| Emergency Room | | |
| Hospital Inpatient | | |
| GDS/IPP COPAY | | |

Applicant is ineligible and denied because: _____

This determination is valid for GDS/IPP: _____ through _____.

Signature _____