

UPDATED 02/13/19

ELECTRA HOSPITAL DISTRICT  
 ELECTRA MEDICAL CLINIC  
 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
Clinic Visit		

Applicant is ineligible and denied because: \_\_\_\_\_

This determination is valid for GDS/IPP: \_\_\_\_\_ through \_\_\_\_\_.

Signature \_\_\_\_\_