UPDATED 02/01/2022

ELECTRA HOSPITAL DISTRICT
2022 FINANCIAL ASSISTANCE WORKSHEET

Date: _____

Applicant _____

Other household members covered by this application _____

Total Income - _____

# of Dependents - _____

INCOME LESS THAN OR EQUAL TO:				
Family Size	Percentage of Federal Poverty Income Guidelines (2020)			
	100%	150%	200%	300%
1	$13,590	$20,385	$27,180	$40,770
2	$18,310	$27,465	$36,620	$54,930
3	$23,030	$34,545	$46,060	$69,090
4	$27,750	$41,625	$55,500	$83,250
5	$32,470	$48,705	$64,940	$97,410
6	$37,190	$55,785	$74,380	$111,570
7	$41,910	$62,865	$83,820	$125,730
8	$46,630	$69,945	$93,260	$139,890
For each additional household member add:	$4,720	$7,080	$9,440	$14,160
PATIENT RESPONSIBILITY				
PROVIDER CLINIC VISIT	$5	25%	50%	50%
OUTPATIENT	$20/DAY	25%	50%	50%
EMERGENCY ROOM	$50	25%	50%	50%
HOSPITAL INPATIENT	$75/DAY	25%	50%	50%
HOME HEALTH	$75/CERT PERIOD	25%	50%	50%
GDS/IPP MAX CHARGE	$20	$35	$45	$45

Applicant(s) qualify for the following:

	Copayment	Percentage
Provider Clinic Visit		
Outpatient		
Emergency Room		
Hospital Inpatient		
Home Health		
GDS/IPP Max Charge		

Applicant is ineligible and denied because: _____

This determination is valid: _____ through_____.

_____
Signature

Approved: _____