



**ADDENDUM 1 (Financial Assistance Discount Table)**

Financial Assistance Awarding	100% Discount (Uninsured and Underinsured Patients)	64% Discount (Uninsured Patients)
	Federal Poverty Level*	
Household/Family Size	0% - 250%	251% - 400%
1	\$0 - \$37,650	\$37,651 - \$60,240
2	\$0 - \$51,100	\$51,101 - \$81,760
3	\$0 - \$64,550	\$64,551 - \$103,280
4	\$0 - \$78,000	\$78,001 - \$124,800
5	\$0 - \$91,450	\$91,451 - \$146,320
6	\$0 - \$104,900	\$104,901 - \$167,840
7	\$0 - \$118,350	\$118,351 - \$189,360
8	\$0 - \$131,800	\$131,801 - \$210,880
9	\$0 - \$145,250	\$145,251 - \$232,400
10	\$0 - \$158,700	\$158,701 - \$253,920

\*Based on annual household income

**Medically Indigent Discount**

Federal Poverty Level > 250% and medical expenses exceed 50% of annual household income:  
65% discount on prior balance due