



**Schedule A**

Main Line Health Charity Care and Financial Assistance Table\*

To apply for Charity Care and Financial Assistance, the patient must complete the MLH Charity Care and Financial Assistance Application and proof of income must be attached. Federal Poverty Guidelines effective January 2019.

<b>Size of Family Unit</b>	<b>Yearly Income at or below 300% of the Federal Poverty Guideline = 100% Free Care</b>	<b>Yearly Income between, eligible for Medicare Reimbursement rates</b>
1	\$37,470	\$37,471 - \$62,450
2	\$50,730	\$50,731 - \$84,550
3	\$63,990	\$63,991 - \$106,650
4	\$77,250	\$77,251 - \$128,750
5	\$90,510	\$90,511 - \$150,850
6	\$103,770	\$103,771 - \$172,950
7	\$117,030	\$117,031 - \$195,050
8	\$130,290	\$130,291 - \$217,150
<b>For each additional family member after 8 add:</b>	\$13,260	\$22,100

Examples:

Family unit of 1 with an annual income of \$20,000 receives a 100% free care.

Family unit of 5 with an annual income of \$91,000 will be responsible for the Medicare reimbursement rate

Family unit of 4 with an annual income of \$48,000 will receive 100% free care.

Family unit of 7 with an annual income of \$170,000 will be responsible for the Medicare reimbursement rate

\* This Table shall be adjusted in accordance with annually released changes to the Federal Poverty Guidelines.