

St. John's Episcopal Hospital
327 Beach 19th St, Far Rockaway, NY 11691



Financial Aid Eligibility Chart/Charity Care

Gross Income Categories

2017 Poverty Level Schedule / Fee Scale

Level 400% Income *Effective for dates of service starting 09/01/2017

Family Size	Group I	Group II		Group III		Group IV		Group V
	Federal poverty	Federal poverty		Federal poverty		Federal poverty		Federal poverty
	100% Scale (A)	133%	150% Scale (B)	185%	200% Scale (C)	250%	300% Scale (D)	400% Scale (E)
1	\$ 12,060	\$ 16,040	\$ 18,090	\$ 22,311	\$ 24,120	\$ 30,150	\$ 36,180	\$ 48,240
2	\$ 16,240	\$ 21,599	\$ 24,360	\$ 30,044	\$ 32,480	\$ 40,600	\$ 48,720	\$ 64,960
3	\$ 20,420	\$ 27,159	\$ 30,630	\$ 37,777	\$ 40,840	\$ 51,050	\$ 61,260	\$ 81,680
4	\$ 24,600	\$ 32,718	\$ 36,900	\$ 45,510	\$ 49,200	\$ 61,500	\$ 73,800	\$ 98,400
5	\$ 28,780	\$ 38,277	\$ 43,170	\$ 53,243	\$ 57,560	\$ 71,950	\$ 86,340	\$ 115,120
6	\$ 32,960	\$ 43,837	\$ 49,440	\$ 60,976	\$ 65,920	\$ 82,400	\$ 98,880	\$ 131,840
7	\$ 37,140	\$ 49,396	\$ 55,710	\$ 68,709	\$ 74,280	\$ 92,850	\$ 111,420	\$ 148,560
8	\$ 41,320	\$ 54,956	\$ 61,980	\$ 76,442	\$ 82,640	\$ 103,300	\$ 123,960	\$ 165,280
For each additional person	\$ 4,180	\$ 5,559	\$ 6,270	\$ 7,733	\$ 8,360	\$ 10,450	\$ 12,540	\$ 16,720
Inpatient	Patient Pays \$150	Patient Pays \$150 + 20% of APR-DRG Rate		Patient Pays \$150 + 30% of APR-DRG Rate		Patient Pays \$150 + 40% APR-DRG Rate		Patient Pays \$150 & Capped at 100% APR-DRG Rate
Amb-Surg	Patient Pays \$150	Patient Pays \$150 + 20% of APG Rate		Patient Pays \$150 + 30% of APG Rate		Patient Pays \$150 + 40% APG Rate		Patient Pays \$150 & Capped at 100% APG Rate
Observation	Patient Pays \$150	Patient Pays \$150 + 20% of APG Rate		Patient Pays \$150 + 30% of APG Rate		Patient Pays \$150 + 40% APG Rate		Patient Pays \$150 & Capped at 100% APG Rate
Clinic	\$40 (\$20 Facility Fee + \$20 Physician Fee)	\$60 (\$30 Facility Fee + \$30 Physician Fee)		\$90 (\$45 Facility Fee + \$45 Physician Fee)		\$120 (\$60 Facility Fee + \$60 Physician Fee)		\$150 (\$75 Facility Fee + \$75 Physician Fee)
Patient Co-Pays, Deductible & Coinsurance (all insurances)	Hardship cases need to be reviewed & approved by Patient Accounts Management	Hardship cases need to be reviewed & approved by Patient Accounts Management		No Charity		No Charity		No Charity
Lab X-Ray Rehab Other Ancillary charges	Patient Pays 15% of Posted charges	Patient Pays 20% of Posted charges		Patient Pays 30% of Posted charges		Patient Pays 40% of Posted charges		Patient Pays 50% of Posted charges
Emergency Room	\$70 (\$35 Facility Fee + \$35 Physician Fee)	\$90 (\$45 Facility Fee + \$45 Physician Fee)		\$150 (\$75 Facility Fee + \$75 Physician Fee)		\$200 (\$100 Facility Fee + \$100 Physician Fee)		\$250 (\$125 Facility Fee + \$125 Physician Fee)

All Physician Professional components are excluded from Charity Care
with the exception of
physician component for Clinic, ER (excluding Non-P.C. physicians)
whose fee schedule models the Charity Policy.

St. John's Episcopal Hospital will collect the same fee scale amount for the professional component for Clinic & ER physician(s) that are billed via St. John's Medical Services P.C. & St. John's Medical Emergency Services P.C. respectively.

Poverty Guideline Source: Federal Register, Vol. 82 No 19, January 31, 2017, pp. 8831 - 8832.

NOTE(s):

- If income amount falls between levels above, then the lower level applies.
- NYS HCRA Surcharge will be added to the calculated patient responsibility; currently at 9.63%.