



Faxton St. Luke's Healthcare  
1656 Champlin Avenue  
Utica, NY 13502

St. Elizabeth Medical Center  
2209 Genesee Street  
Utica, NY 13501

## FINANCIAL ASSISTANCE APPLICATION/DETERMINATION SCHEDULE A

**Financial Guidelines:** Patient assets not necessary for subsistence may be considered in the ability to pay for services along with related liabilities. The following guidelines are effective January 19<sup>th</sup> 2023:

FAMILY SIZE	FEDERAL POVERTY GUIDELINES	NYS MEDICAID POVERTY GUIDELINES	NYS ESSENTIAL PLAN GUIDELINES
1	\$14,580	\$20,120	\$25,520
2	\$19,720	\$27,214	\$34,480
3	\$24,860	\$34,307	\$43,440
4	\$30,000	\$41,400	\$52,400
5	\$35,140	\$48,493	\$58,840
6	\$40,280	\$55,586	\$67,480
7	\$45,420	\$62,680	\$76,120
8	\$50,560	\$69,773	\$84,760

Households with more than eight (8) members, add \$5,140 for each additional member. The Federal Poverty Level (FPL) Guidelines are established by the Department of Health and Human Services and can be found at <http://aspe.hhs.gov/poverty/index.cfm>.

For the purposes of this policy, Family Size will be interpreted to include total number of individuals living in the household. Extenuating circumstances will be reviewed on a case-by-case basis.

**Financial Assistance:** After eligibility is determined, the following sliding fee schedule based on our highest volume payer's contracted rate should be used to determine the approved amount to be written off to Financial Assistance.

% of Poverty Level	FAMILY INCOME					
	0% - 250%		250% - 275%		275% - 325%	
FAMILY SIZE	Tier 1		Tier 2		Tier 3	
1	\$0	- \$36,450	\$36,450	- \$40,095	\$40,095	- \$47,385
2	\$0	- \$49,300	\$49,300	- \$54,230	\$54,230	- \$64,090
3	\$0	- \$62,150	\$62,150	- \$68,365	\$68,365	- \$80,795
4	\$0	- \$75,000	\$75,000	- \$82,500	\$82,500	- \$97,500
5	\$0	- \$87,850	\$87,850	- \$96,635	\$96,635	- \$114,205
6	\$0	- \$100,700	\$100,700	- \$110,770	\$110,770	- \$130,910
7	\$0	- \$113,550	\$113,550	- \$124,905	\$124,905	- \$147,615
8	\$0	- \$126,400	\$126,400	- \$139,040	\$139,040	- \$164,320

### Cost Share Per Each Account

	Tier 1	Tier 2	Tier 3
Inpatient, Radiation Medicine, Dialysis and ASU	\$0	\$250	\$500
Emergency Department and Other Professional Services	\$0	\$125	\$250
Clinics and Urgent Care	\$0	\$15	\$30

Nominal Fee: Self-pay patients who do not qualify for the Tier designations will be asked for a \$25 nominal fee at the time of service.