



Bosnian

**APLIKACIJA I DETERMINACIJA ZA FINANCIJSKU POMOĆ
 RASPORED A**

Financijska smjernica: Pacijentova imovina koja nije potrebna za opstanak može biti razmatrana kada je u pitanju mogućnost plaćanja usluga zajedno sa povezanim dugovanjima. Slijedeći vodič stupa na snagu Mart 2, 2026:

FAMILY SIZE	FEDERAL POVERTY GUIDELINES	NYS MEDICAID POVERTY GUIDELINES	NYS ESSENTIAL PLAN GUIDELINES
1	\$15,960	\$22,025	\$31,920
2	\$21,640	\$29,864	\$43,280
3	\$27,320	\$37,702	\$54,640
4	\$33,000	\$45,540	\$66,000
5	\$38,680	\$53,379	\$77,360
6	\$44,360	\$61,217	\$88,720
7	\$50,040	\$69,056	\$100,080
8	\$55,720	\$76,894	\$111,440

Domaćinstva sa više od osam (8) članova porodice trebaju dodati \$5,860 za svakog dodatnog člana porodice. Federalna smjernica za određivanje stope siromaštva FPL(Federal poverty level guidelines) je utvrđena od strane Ministarstva zdravstva i odjela za ljudske usluge i možete je naći na <http://aspe.hhs.gov/poverty/index.cfm>.

Za svrhe ove police veličina porodice će se tumačiti tako da uključuje ukupan broj osoba koji žive u domaćinstvu. Olakšavajuće okolnosti će biti razmatrane od slučaja do slučaja.

Financijska pomoć. Nakon što se utvrdi da li ispunjavate uslove, slijedeći raspored naknade (na bazi klizne skale) na osnovu procenta Medicaid stopa će se koristiti za određivanje odobrenog iznosa koji će biti prebačen na financijsku pomoć.

% of Poverty Level	FAMILIJARNI PRIHOD					
	0 - 250% Rang 1		250% - 350% Rang 2		350% - 400% Rang 3	
FAMILY SIZE						
1	\$0 - \$39,900	\$39,901	\$55,860	\$55,861	\$63,840	
2	\$0 - \$54,100	\$54,101	\$75,740	\$75,741	\$86,560	
3	\$0 - \$68,300	\$68,301	\$95,620	\$95,621	\$109,280	
4	\$0 - \$82,500	\$82,501	\$115,500	\$115,501	\$132,000	
5	\$0 - \$96,700	\$96,701	\$135,380	\$135,381	\$154,720	
6	\$0 - \$110,900	\$110,901	\$155,260	\$155,261	\$177,440	
7	\$0 - \$125,100	\$125,101	\$175,140	\$175,141	\$200,160	
8	\$0 - \$139,536	\$139,301	\$195,020	\$195,021	\$222,880	

PODJELA TROSKA PO KORISNICKOM RACUNU

Service Line	Tier 1 (0-250%)	Tier 2 (250-350%)	Tier 3 (350-400%)	Tier 4**** (400%+)
Acute Hospital Inpatient Psych Services				
Inpatient Psych (1 Day)	\$ -	\$ 100	\$ 200	
Inpatient Psych (2 Days)	\$ -	\$ 200	\$ 400	
Inpatient Psych (Greater than 3 Days)	\$ -	\$ 300	\$ 600	
Acute Hospital Inpatient Services				
Inpatient Services - Charges greater than \$15,000	\$ -	\$ 300	\$ 600	
All Other Inpatient Services	\$ -	\$ 200	\$ 400	
Observation Hospital Services				
	\$ -	\$ 45	\$ 90	
Emergency Hospital Services				
	\$ -	\$ 10	\$ 20	
Ambulatory Surgery Services*				
	\$ -	\$ 50	\$ 100	
Therapy Services				
Occupational Therapy	\$ -	\$ 10	\$ 20	
All other Therapy (Speech, Physical, Audiology, Cardiac Rehab)**	\$ -	\$ 5	\$ 10	
Radiology Services				
MRI Services (Revenue Code 610,611)	\$ -	\$ 100	\$ 200	
Radiology Services (Revenue Codes 920, 351, 350, 341, 343)	\$ -	\$ 20	\$ 40	
Hospital Office Visit (G0463/Professional Billing Office Visit)				
	\$ -	\$ 10	\$ 20	
All other services not represented above***	\$ -	\$ -	\$ -	

Medical Bills
(Medicaid Covered
Services) above 10% of
Annual Income may
be forgiven through
Financial Assistance
Process

* The definition for Ambulatory Surgery is any services incurred within the Operating Room, Invasive Radiology, Electrophysiology and Cath Lab departments. Excluded Services in Ambulatory Service departments is Tilt Table (CPT: 93660)

**Exclude Hearing Aids

***Exclude departments requiring manual review (ie. Infusion Center, Professional Billing Obstetrics/Surgery/Hospital Services)

**** Tier 4 is a manual review and requires 3 months of current pay stubs and most recent Tax Return

Notice: The above grid shows the specificity of how Financial Assistance is evaluated. Services are evaluated from Top to bottom and will stop on the grid when qualified.

For example:
Radiology Services part of an Inpatient Service will apply the Inpatient Services FA Tiers