

**Mary Free Bed Rehabilitation Hospital
Mary Free Bed Orthotics Prosthetics
Mary Free Bed Medical Group
Community Financial Assistance Sliding Fee Schedule - Income Consideration*
Effective January 1, 2019**

Federal Poverty Level - \$**	Family Size ***	Income Below 145% of Federal Poverty Level	Below 180%	Below 215%	Below 250%	Income 250% Above Federal Poverty Level
		100% Write-Off	80% Write-Off	60% Write-Off	40% Write-Off	0% Write-Off
12,490	1	0 - 17,986	17,987 – 22,357	22,358 – 26,729	26,730 – 31,100	31,101
16,910	2	0 – 24,350	24,351 – 30,269	30,270 – 36,187	36,188 – 42,106	42,107
21,330	3	0 – 30,715	30,716 – 38,181	38,182 – 45,646	45,647 - 53,112	53,113
25,750	4	0 – 37,080	37,081 - 46,093	46,094 – 55,105	55,106 – 64,118	64,119
30,170	5	0 – 43,445	43,446 – 54,004	54,005 – 64,564	64,565 – 75,123	75,124
34,590	6	0 – 49,810	49,811 – 61,916	61,917 – 74,023	74,024 – 86,129	86,130
39,010	7	0 – 56,174	56,175 – 69,828	69,829 – 83,481	83,482 – 97,135	97,136
43,430	8	0 – 62,539	62,540 – 77,740	77,741 – 92,940	92,941 – 108,141	108,142

* - CFA income consideration includes: all sources of income, grants, assistance from others, other assets and available credit (note: credit reports may be pulled)

** - Source: U.S. Department of Health & Human Services, 2019 Poverty Guidelines

*** - Add \$4,420 for each additional family member