

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, 2020

FEDERAL POVERTY LEVEL - \$**	FAMILY SIZE***	INCOME BELOW 145% OF FEDERAL POVERTY LEVEL	BELOW 180%	BELOW 215%	BELOW 250%	INCOME ABOVE 250% OF FEDERAL POVERTY LEVEL			
		100% WRITE -OFF	80% WRITE-OFF	60% WRITE-OFF	40% WRITE-OFF	0% WRITE-OFF			
12760	1	18502	22968	27434	31900				
17240	2	24998	31032	37066	43100				
21720	3	31494	39096	46698	54300				
26200	4	37990	47160	56330	65500				
30680	5	44486	55224	65962	76700				
35160	6	50982	63288	75594	87900				
39640	7	57478	71352	85226	99100				
44120	8	63974	79416	94858	110300				

*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 & Humand Services, 2020 Poverty Guidelines

*** -Add \$4541 for each additional family member