

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, 2023

INCOME BELOW 145% OF FEDERAL POVERTY LEVEL	BELOW 180%	BELOW 215%	BELOW 250%	INCOME ABOVE 250% OF FEDERAL POVERTY LEVEL	ASSETS BELOW 600%
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FEDERAL POVERTY

LEVEL - \$**	FAMILY SIZE***	100% WRITE -OFF	80% WRITE-OFF	60% WRITE-OFF	40% WRITE-OFF	0% WRITE-OFF	
14580	1	21141	26244	31347	36450		87480
19720	2	28594	35496	42398	49300		118320
24860	3	36047	44748	53449	62150		149160
30000	4	43500	54000	64500	75000		180000
35140	5	50953	63252	75551	87850		210840
40280	6	58406	72504	86602	100700		241680
45420	7	65859	81756	97653	113550		272520
50560	8	73312	91008	108704	126400		303360

*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, 2023 Poverty Guidelines **-<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

***-For families/households with more than 8 persons, add \$5,140 for each additional person.

2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560
For families/households with more than 8 persons, add \$5,140 for each additional person.	