

# 2024 KH Financial Assistance

2024 Family Size and Income Scale

Add **\$5,380** FOR EACH ADDITIONAL PERSON OVER 8 (YEARLY INCOME)

**Effective 1/1/2024**

Patient Owes % of Cost	INCOME	FAMILY SIZE																DISCOUNT% ALLOWED	Discount Factor off Gross Charges
		1		2		3		4		5		6		7		8			
FPGI	Yearly	15,060		20,440		25,820		31,200		36,580		41,960		47,340		52,720		HCAP/100%	100%
0%-100% HCAP	Monthly	1,255.00		1,703.33		2,151.67		2,600.00		3,048.33		3,496.67		3,945.00		4,393.33			100%
101%-250% Extended	Yearly	37,650		51,100		64,550		78,000		91,450		104,900		118,350		131,800			100%
	Monthly	3137.50		4258.33		5379.17		6500.00		7620.83		8741.67		9862.50		10983.33			100%
251%-400% Basic	Yearly	37,801 60,240		51,304 81,760		64,808 103,280		78,312 124,800		91,816 146,320		105,320 167,840		118,823 189,360		132,327 210,880			80%
	Monthly	3,150.08 5,020.00		4,275.37 6,813.33		5,400.68 8,606.67		6,526.00 10,400.00		7,651.32 12,193.33		8,776.63 13,986.67		9,901.95 15,780.00		11,027.27 17,573.33			80%
401% and >		No Discount																	

**KH Basic Financial Assistance Program [Patient may declare income, application is NOT required]** is offered to uninsured and insured patients. Patient qualify if their household income is between 251% and 400% of the Federal Poverty Level and would be eligible for a 80% reduction off Total Gross charges on hospital-based services.

Partial adjustment may apply on account balances after insurance payments if patient's remaining balance is greater than 20% of the total GROSS charges.

**Non-covered services include; physician services, flat fees or cosmetic surgeries and substance abuse rehab.**

**KH Extended Financial Assistance Program** is offered to uninsured and insured patients. Patients who qualify will receive 100% adjustment off patient liability on hospital based services. Non-covered services include physician services, flat fees or cosmetic surgeries and substance abuse rehab. [Completed application and Proof of Income is required]

**Hospital Care Assurance Program HCAP** Patient qualify if their household income is between 0 and 100% of the Federal Poverty Level [Completed application is required]