2025 KH Financial Assistance

2025 Family Size and Income Scale

\$5,500 FOR EACH ADDITIONAL PERSON OVER 8 (YEARLY INCOME)

	Effective	1/1/2025																	
Patient		FAMILY SIZE															DISCOUNT%	Discount Factor	
Owes % of Cost	INCOME	1	1 2			3		4		5		6		7		8		ALLOWED	off Gross Charges
FPGL	Yearly		15,650		21,150		26,650		32,150		37,650		43,150		48,650		54,150	HCAP/100%	
0%-100%	Monthly		1,304.17		1,762.50		2,220.83		2,679.17		3,137.50		3,595.83		4,054.17		4,512.50		100%
HCAP	-																		
101%-250%	Yearly		39,125		52,875		66,625		80,375		94,125		107,875		121,625		135,375		
Extended	Monthly		3260.42		4406.25		5552.08		6697.92		7843.75		8989.58		10135.42		11281.25		100%
	-																		
251%-400%	Yearly	39,282	62,600	53,087	84,600	66,892	106,600	80,697	128,600	94,502	150,600	108,307	172,600	122,112	194,600	135,917	216,600		
Basic	Monthly	3,273.50	5,216.67	4,423.92	7,050.00	5,574.33	8,883.33	6,724.75	10,716.67	7,875.16	12,550.00	9,025.58	14,383.33	10,176.00	16,216.67	11,326.42	18,050.00		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

Add

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]