

# 2026 KH Financial Assistance

2026 Family Size and Income Scale

Add

**\$5,680 FOR EACH ADDITIONAL PERSON OVER 8 (YEARLY INCOME)**

**Effective 1/1/2026**

Patient Owes % of Cost	INCOME	FAMILY SIZE								DISCOUNT% ALLOWED	Discount Factor off Gross Charges								
		1	2	3	4	5	6	7	8										
<b>FPG</b> 0%-100% HCAP	<b>Yearly</b> Monthly	<b>15,960</b> 1,330.00	<b>21,640</b> 1,803.33	<b>27,320</b> 2,276.67	<b>33,000</b> 2,750.00	<b>38,680</b> 3,223.33	<b>44,360</b> 3,696.67	<b>50,040</b> 4,170.00	<b>55,720</b> 4,643.33	<b>HCAP/100%</b>	100%								
101%-250% Extended	<b>Yearly</b> Monthly	<b>39,900</b> 3325.00	<b>54,100</b> 4508.33	<b>68,300</b> 5691.67	<b>82,500</b> 6875.00	<b>96,700</b> 8058.33	<b>110,900</b> 9241.67	<b>125,100</b> 10425.00	<b>139,300</b> 11608.33		100%								
251%-400% Basic	<b>Yearly</b> Monthly	<b>40,060</b> 3,338.30	<b>63,840</b> 5,320.00	<b>54,316</b> 4,526.37	<b>86,560</b> 7,213.33	<b>68,573</b> 5,714.43	<b>109,280</b> 9,106.67	<b>82,830</b> 6,902.50	<b>132,000</b> 11,000.00	<b>97,087</b> 8,090.57	<b>154,720</b> 12,893.33	<b>111,344</b> 9,278.63	<b>177,440</b> 14,786.67	<b>125,600</b> 10,466.70	<b>200,160</b> 16,680.00	<b>139,857</b> 11,654.77	<b>222,880</b> 18,573.33		80%
401% and >		<b>No Discount</b>																	

**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]