

Sliding Fee Scale Discount Table - 2025
WEB SUMMARY

	upto 200% of FPL	300% of FPL	400% of FPL	Over 401% FPL NO MAX
Family size	Level 1 Maximum income limit (200% FPL)	Level 2 maximum income limit (300% FPL)	Level 3 maximum income limit (400% FPL)	Uninsured discounted Self Pay minimum income range (minimum)
1	\$31,300	\$46,950	\$62,600	\$62,601
2	\$42,300	\$63,450	\$84,600	\$84,601
3	\$53,300	\$79,950	\$106,600	\$106,601
4	\$64,300	\$96,450	\$128,600	\$128,601
5	\$45,300	\$112,950	\$150,600	\$150,601
6	\$86,300	\$129,450	\$172,600	\$172,601
7	\$97,300	\$145,950	\$194,600	\$194,601
8	\$108,300	\$162,450	\$210,600	\$210,601
For each addtl person add	\$11,700	\$16,500	\$22,000	N/A
Patient responsibility	No Patient Responsibility	10% of the NYS Medicaid Rate	10% of the NYS Medicaid Rate	100% of the Medicare Rate
Percentage over FPL	200%	300%	400%	Over 400% of FPL

New York State Surcharge will be computed once bill is prorated to the correct amounts

There is no asset test for financial assistance.

in accordance with State Law, There is NO nominal fee for OB and Pediatric Level one eligible patient

Payment of full Self Pay (level 7) discounted Rates is due if income exceeds 400% of the FPL. Certain services are excluded in accordance with our policy. The responsibilities identified above are samples only and for an exact fee owed, please contact our financial services department at the numbers located in our policy. The income limits above are based upon the current 2024 Federal Poverty levels released by Health and Human Services yearly

use this area for any messages

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