

## CHARITY CARE ELIGIBILITY GUIDELINE PAYMENT SCHEDULE

Attachment 2

### Lake Chelan Community Hospital & Lake Chelan Clinic

Maximum amount patient would be required to pay based on gross monthly earnings and number of family members.

2017

	FPL	100% FPL	100% TO 133% FPL	133% TO 166% FPL	166% TO 200% FPL	200% TO 300% FPL	300% to 400%
PATIENT OWES	0%	25%	50%	67%	87%	100%	
<b>FAMILY SIZE</b>							
<b>1</b>	\$ 12,060.00	\$ - \$ 1,005	\$ 1,006 \$ 1,337	\$ 1,338 \$ 1,668	\$ 1,669 \$ 2,010	\$ 2,011 \$ 3,015	\$ 3,016 & OVER
<b>2</b>	\$ 16,240.00	\$ - \$ 1,353	\$ 1,354 \$ 1,800	\$ 1,801 \$ 2,247	\$ 2,248 \$ 2,707	\$ 2,708 \$ 4,060	\$ 4,061 & OVER
<b>3</b>	\$ 20,420.00	\$ - \$ 1,702	\$ 1,703 \$ 2,263	\$ 2,264 \$ 2,825	\$ 2,826 \$ 3,403	\$ 3,404 \$ 5,105	\$ 5,106 & OVER
<b>4</b>	\$ 24,600.00	\$ - \$ 2,050	\$ 2,051 \$ 2,727	\$ 2,728 \$ 3,403	\$ 3,404 \$ 4,100	\$ 4,101 \$ 6,150	\$ 6,151 & OVER
<b>5</b>	\$ 28,780.00	\$ - \$ 2,398	\$ 2,399 \$ 3,190	\$ 3,191 \$ 3,981	\$ 3,982 \$ 4,797	\$ 4,798 \$ 7,195	\$ 7,196 & OVER
<b>6</b>	\$ 32,960.00	\$ - \$ 2,747	\$ 2,748 \$ 3,653	\$ 3,654 \$ 4,559	\$ 4,560 \$ 5,493	\$ 5,494 \$ 8,240	\$ 8,241 & OVER
<b>7</b>	\$ 37,140.00	\$ - \$ 3,095	\$ 3,096 \$ 4,116	\$ 4,117 \$ 5,138	\$ 5,139 \$ 6,190	\$ 6,191 \$ 9,285	\$ 9,286 & OVER
<b>8</b>	\$ 41,320.00	\$ - \$ 3,443	\$ 3,444 \$ 4,580	\$ 4,581 \$ 5,716	\$ 5,717 \$ 6,887	\$ 6,888 \$ 10,330	\$ 10,331 & OVER

**For families/households with more than 8 persons, add \$4,180 for each additional person.**

Based on 2017 Federal Poverty Guidelines

Revised 02-2017

J. Dion