

## CHARITY CARE ELIGIBILITY GUIDELINE PAYMENT SCHEDULE

### 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.

	FPL	100% FPL	100% TO 133% FPL	133% TO 166% FPL	166% TO 200% FPL	200% TO 300% FPL	300% & OVER
PATIENT OWES	0%	25%	50%	67%	87%	100%	
<b>FAMILY SIZE</b>							
<b>1</b>	\$ 12,490.00	\$ - \$ 1,041	\$ 1,042 \$ 1,384	\$ 1,385 \$ 1,728	\$ 1,729 \$ 2,082	\$ 2,083 \$ 3,123	\$ 3,124 & OVER
<b>2</b>	\$ 16,910.00	\$ - \$ 1,409	\$ 1,410 \$ 1,874	\$ 1,875 \$ 2,339	\$ 2,340 \$ 2,818	\$ 2,819 \$ 4,228	\$ 4,229 & OVER
<b>3</b>	\$ 21,330.00	\$ - \$ 1,778	\$ 1,779 \$ 2,364	\$ 2,365 \$ 2,951	\$ 2,952 \$ 3,555	\$ 3,556 \$ 5,333	\$ 5,334 & OVER
<b>4</b>	\$ 25,750.00	\$ - \$ 2,146	\$ 2,147 \$ 2,854	\$ 2,855 \$ 3,562	\$ 3,563 \$ 4,292	\$ 4,293 \$ 6,438	\$ 6,439 & OVER
<b>5</b>	\$ 30,170.00	\$ - \$ 2,514	\$ 2,515 \$ 3,344	\$ 3,345 \$ 4,174	\$ 4,175 \$ 5,028	\$ 5,029 \$ 7,543	\$ 7,544 & OVER
<b>6</b>	\$ 34,590.00	\$ - \$ 2,883	\$ 2,884 \$ 3,834	\$ 3,835 \$ 4,785	\$ 4,786 \$ 5,765	\$ 5,766 \$ 8,648	\$ 8,649 & OVER
<b>7</b>	\$ 39,010.00	\$ - \$ 3,251	\$ 3,252 \$ 4,324	\$ 4,325 \$ 5,396	\$ 5,397 \$ 6,502	\$ 6,503 \$ 9,753	\$ 9,754 & OVER
<b>8</b>	\$ 43,430.00	\$ - \$ 3,619	\$ 3,620 \$ 4,813	\$ 4,814 \$ 6,008	\$ 6,009 \$ 7,238	\$ 7,239 \$ 10,858	\$ 10,859 & OVER

**For families/households with more than 8 persons, add \$4,420 for each additional person.**

Based on 2019 Federal Poverty Guidelines

Revised 01-2019

J. Dion