Financial Assitance Eligibility Discount Guidelines (FAEDG)
Financial and Medically Indigent Charity and Self Pay discount worksheet

Code	FPL	Patient Portion	Discount	Number of people in Household 1	2	3	4	5	Increment/ Person
FPL				14,580	19,720	24,860	30,000	35,140	5,140
C1	0-300%	0%	100%	43,740	59,160	74,580	90,000	105,420	15,420
A1	301-350%	10%	90%	51,030	69,020	87,010	105,000	122,990	17,990
A2	351-400%	20%	80%	58,320	78,880	99,440	120,000	140,560	20,560
A3	401-450%	30%	70%	65,610	88,740	111,870	135,000	158,130	23,130
A4	451-500%	40%	60%	72,900	98,600	124,300	150,000	175,700	25,700

C1 CHARITY
A1-A4 ADMINSTRATIVE SELF PAY DISCOUNT

Note: Adjust Income by known or estimated future out of pocket expenses such as Home health, equipment, attendant care and any other costs related to patient's medical care. Income should be adjusted on household income post-injury.

FPL = Federal Poverty Level per Department of Health and Human Services effective in 2023 for 48 Contiguous States