

2020 KALEIDA HEALTH FINANCIAL ASSISTANCE GUIDELINES

Kaleida Health is committed to providing financial assistance to those patients that suffer from financial hardships. Financial Assistance is available to patients of families based on the following income and family size guidelines as determined by the Federal poverty (FPL) regulations as published by The Department of Health and Human Services (HHS).

Size of Family	Family Income Less Than:				
FPL	200%	200%-249%	250%-299%	300%-349%	400%
1	\$25,520	\$31,900	\$38,280	\$44,660	\$51,040
2	\$34,480	\$43,100	\$51,720	\$60,340	\$68,960
3	\$43,440	\$54,300	\$65,160	\$76,020	\$86,880
4	\$52,400	\$65,500	\$78,600	\$91,700	\$104,800
5	\$61,360	\$76,700	\$92,040	\$107,380	\$122,720
6	\$70,320	\$87,900	\$105,480	\$123,060	\$140,640
7	\$79,280	\$99,100	\$118,920	\$138,740	\$158,560
8	\$88,240	\$110,300	\$132,360	\$154,420	\$176,480
Each add'l	\$8,960	\$11,200	\$13,440	\$15,680	\$17,920
Discount on Charges	100%	90%	75%	60%	50%
Patient Share	0	10%	25%	40%	50%