

CULLMAN REGIONAL MEDICAL CENTER
 FY 2016 Charity Care & Financial Assistance
 Income Eligibility Guidelines
 Revised 01-28-19

% Liability of Medicare Payor Rates

	0%	25%	50%	75%	100%
Number of Exemptions	0-200% FPL Income To Amount	201-250% FPL Income To Amount	251-300% FPL Income To Amount	301-350% FPL Income To Amount	351+% FPL Income To Amount
1	\$ 24,980.00	\$ 31,225.00	\$ 37,470.00	\$ 43,715.00	\$ 43,716.00
2	\$ 33,820.00	\$ 42,275.00	\$ 50,730.00	\$ 59,185.00	\$ 59,186.00
3	\$ 42,660.00	\$ 53,325.00	\$ 63,990.00	\$ 74,655.00	\$ 74,656.00
4	\$ 51,500.00	\$ 64,375.00	\$ 77,250.00	\$ 90,125.00	\$ 90,126.00
5	\$ 60,340.00	\$ 75,425.00	\$ 90,510.00	\$ 105,595.00	\$105,596.00
6	\$ 69,180.00	\$ 86,475.00	\$ 103,770.00	\$ 121,065.00	\$121,066.00
7	\$ 78,020.00	\$ 97,525.00	\$ 117,030.00	\$ 136,535.00	\$136,536.00
8	\$ 86,860.00	\$ 108,575.00	\$ 130,290.00	\$ 152,005.00	\$152,006.00
For family size greater than 8, add \$4,420.00 for each additional person					
Source FPL Calculations: https://aspe.hhs.gov/poverty-guidelines					

Updated 01-28-19

See P&P PFS 141-003.003

Poverty Guidelines

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