



Schedule A

Main Line Health Financial Assistance Table*

To apply for Financial Assistance, the patient must complete the MLH Financial Assistance Application and proof of income must be attached. Federal Poverty Guidelines effective January 2023.

Size of Family Unit	Yearly Income at or below 300% of the Federal Poverty Guideline = 100% Free Care	Yearly Income between, eligible for Medicare Reimbursement rates
1	\$43,740	\$43,741 - \$72,900
2	\$59,160	\$59,161 - \$98,600
3	\$74,580	\$74,581 - \$124,300
4	\$90,000	\$90,001 - \$150,000
5	\$105,420	\$105,421 - \$175,700
6	\$120,840	\$120,841 - \$201,400
7	\$136,260	\$136,261 - \$227,100
8	\$151,680	\$151,681 - \$252,800
For each additional family member after 8 add:	\$15,420	\$25,700

Examples:

Family unit of 1 with an annual income of \$20,000 receives a 100% free care.

Family unit of 5 with an annual income of \$107,000 will be responsible for the Medicare reimbursement rate

Family unit of 4 with an annual income of \$48,000 will receive 100% free care.

Family unit of 7 with an annual income of \$170,000 will be responsible for the Medicare reimbursement rate

* This Table shall be adjusted in accordance with annually released changes to the Federal Poverty Guidelines