

**St. John's Episcopal Hospital**  
327 Beach 19th St, Far Rockaway, NY 11691



**Financial Aid Eligibility Chart/Charity Care**

Gross Income Categories

**2018 Poverty Level Schedule / Fee Scale**

Level 400% Income

\*Effective for dates of service starting 10/01/2018

Family Size	Group I	Group II		Group III		Group IV		Group V
	Federal poverty	Federal poverty		Federal poverty		Federal poverty		Federal poverty
	100% Scale (A)	133%	150%	185%	200%	250%	300%	400%
	Scale (B)		Scale (C)		Scale (D)		Scale (E)	
1	\$ 12,140	\$ 16,146	\$ 18,210	\$ 22,459	\$ 24,280	\$ 30,350	\$ 36,420	\$ 48,560
2	\$ 16,460	\$ 21,892	\$ 24,690	\$ 30,451	\$ 32,920	\$ 41,150	\$ 49,380	\$ 65,840
3	\$ 20,780	\$ 27,637	\$ 31,170	\$ 38,443	\$ 41,560	\$ 51,950	\$ 62,340	\$ 83,120
4	\$ 25,100	\$ 33,383	\$ 37,650	\$ 46,435	\$ 50,200	\$ 62,750	\$ 75,300	\$ 100,400
5	\$ 29,420	\$ 39,129	\$ 44,130	\$ 54,427	\$ 58,840	\$ 73,550	\$ 88,260	\$ 117,680
6	\$ 33,740	\$ 44,874	\$ 50,610	\$ 62,419	\$ 67,480	\$ 84,350	\$ 101,220	\$ 134,960
7	\$ 38,060	\$ 50,620	\$ 57,090	\$ 70,411	\$ 76,120	\$ 95,150	\$ 114,180	\$ 152,240
8	\$ 42,380	\$ 56,365	\$ 63,570	\$ 78,403	\$ 84,760	\$ 105,950	\$ 127,140	\$ 169,520
For each additional person	\$ 4,320	\$ 5,746	\$ 6,480	\$ 7,992	\$ 8,640	\$ 10,800	\$ 12,960	\$ 17,280
<b>Inpatient</b>	Facility: \$150 Phys Fee: \$35/per day	Facility: (\$150 + 20% of APR-DRG Rate) Phys Fee: (\$35/per day + 20% of Medicaid Phys Fee Schedule)		Facility: (\$150 + 30% of APR-DRG Rate) Phys Fee: (\$35/per day + 30% of Medicaid Phys Fee Schedule)		Facility: (\$150 + 40% of APR-DRG Rate) Phys Fee: (\$35/per day + 40% of Medicaid Phys Fee Schedule)		Facility: Capped at 100% APR-DRG Rate Phys Fee: \$35/per day + 100% Medicaid Phys Fee Schedule)
<b>Amb-Surg</b>	Facility: \$150 Phys Fee: \$150	Facility: (\$150 + 20% of APG Rate) Phys Fee: (\$150 + 20% of Medicaid Phys Fee Schedule)		Facility: (\$150 + 30% of APG Rate) Phys Fee: (\$150 + 30% of Medicaid Phys Fee Schedule)		Facility: (\$150 + 40% of APG Rate) Phys Fee: (\$150 + 40% of Medicaid Phys Fee Schedule)		Facility: Capped at 100% APG Rate Phys Fee: (\$150 + 100% of Medicaid Phys Fee Schedule)
<b>Observation</b>	Facility: \$150 Phys Fee: \$35/per day	Facility: (\$150 + 20% of APG Rate) Phys Fee: (\$35/per day + 20% of Medicaid Phys Fee Schedule)		Facility: (\$150 + 30% of APG Rate) Phys Fee: (\$35/per day + 30% of Medicaid Phys Fee Schedule)		Facility: (\$150 + 40% of APG Rate) Phys Fee: (\$35/per day + 40% of Medicaid Phys Fee Schedule)		Facility: Capped at 100% APG Rate Phys Fee: (\$35/per day + 100% of Medicaid Phys Fee Schedule)
<b>Emergency Room</b>	\$70 (\$35 Facility Fee + \$35 Physician Fee)	\$90 (\$45 Facility Fee + \$45 Physician Fee)		\$150 (\$75 Facility Fee + \$75 Physician Fee)		\$200 (\$100 Facility Fee + \$100 Physician Fee)		\$250 (\$125 Facility Fee + \$125 Physician Fee)
<b>Clinic</b>	\$40 (\$20 Facility Fee + \$20 Physician Fee)	\$60 (\$30 Facility Fee + \$30 Physician Fee)		\$90 (\$45 Facility Fee + \$45 Physician Fee)		\$120 (\$60 Facility Fee + \$60 Physician Fee)		\$150 (\$75 Facility Fee + \$75 Physician Fee)
<b>Lab / X-Ray Ancillary Charges</b>	Patient Pays 15% of Posted charges	Patient Pays 20% of Posted charges		Patient Pays 30% of Posted charges		Patient Pays 40% of Posted charges		Patient Pays 50% of Posted charges
<b>Outpatient Therapy (Physical / Occupational / Speech)</b>	\$40 Facility Only; No Professional Billing applies	\$60 Facility Only; No Professional Billing applies		\$90 Facility Only; No Professional Billing applies		\$120 Facility Only; No Professional Billing applies		\$150 Facility Only; No Professional Billing applies
<b>Patient Co-Pays, Deductible &amp; Coinsurance (all insurances)</b>	Hardship cases need to be reviewed & approved by Patient Accounts Management	Hardship cases need to be reviewed & approved by Patient Accounts Management		No Charity		No Charity		No Charity

**All Physician Professional charges are excluded from Facility Bills; please refer to the "List of physicians covered and NOT covered by Hospital's Financial Assistance Policy" (Addendum C).**

**For those physicians / Groups NOT covered by Hospital's Financial Assistance Policy, please contact their respective billing entity directly to discuss any financial hardship.**

St. John's Episcopal Hospital will collect the same fee scale amount for the professional component for Clinic & ER physician(s) that are billed via St. John's Medical Services P.C. & St. John's Emergency Medical Services P.C. respectively.

Poverty Guideline Source: Federal Register, Vol. 83 No 12, January 31, 2018, pp. 2642 - 2644.

**NOTE(s):**

1. If income amount falls between levels above, then the lower level applies.
2. NYS HCRA Surcharge will be added to the calculated patient responsibility; currently at 9.63%.