

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



**ST. JOHN'S EPISCOPAL HOSPITAL**  
EPISCOPAL HEALTH SERVICES INC.

**Financial Aid Eligibility Chart/Charity Care**

Gross Income Categories

**2022 Poverty Level Schedule / Fee Scale**

Level 400% Income

\*Effective for dates of service starting 06/01/2022

Family Size	Group I Federal Poverty 100% Scale (A)	Group II Federal Poverty 133%      150% Scale (B)		Group III Federal Poverty 185%      200% Scale (C)		Group IV Federal Poverty 250%      300% Scale (D)		Group V Federal Poverty 400% Scale (E)		
1	\$ 13,590	\$ 18,075	\$ 20,385	\$ 25,142	\$ 27,180	\$ 33,975	\$ 40,770	\$ 54,360		
2	\$ 18,310	\$ 24,352	\$ 27,465	\$ 33,874	\$ 36,620	\$ 45,775	\$ 54,930	\$ 73,240		
3	\$ 23,030	\$ 30,630	\$ 34,545	\$ 42,606	\$ 46,060	\$ 57,575	\$ 69,090	\$ 92,120		
4	\$ 27,750	\$ 36,908	\$ 41,625	\$ 51,338	\$ 55,500	\$ 69,375	\$ 83,250	\$ 111,000		
5	\$ 32,470	\$ 43,185	\$ 48,705	\$ 60,070	\$ 64,940	\$ 81,175	\$ 97,410	\$ 129,880		
6	\$ 37,190	\$ 49,463	\$ 55,785	\$ 68,802	\$ 74,380	\$ 92,975	\$ 111,570	\$ 148,760		
7	\$ 41,910	\$ 55,740	\$ 62,865	\$ 77,534	\$ 83,820	\$ 104,775	\$ 125,730	\$ 167,640		
8	\$ 46,630	\$ 62,018	\$ 69,945	\$ 86,266	\$ 93,260	\$ 116,575	\$ 139,890	\$ 186,520		
For each additional person	\$ 4,720	\$ 6,278	\$ 7,080	\$ 8,732	\$ 9,440	\$ 11,800	\$ 14,160	\$ 18,880		
<b>Inpatient</b>	Facility: (\$150 + 10% of APR-DRG Rate) Phys Fee: (\$35/per day + 10% of Medicaid Phys Fee Schedule)	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)	Facility: (\$150 + 10% of APG Rate) Phys Fee: (\$35/per day + 10% of Medicaid Phys Fee Schedule)	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>Amb-Surg</b>	Facility: (\$150 + 10% of APG Rate) Phys Fee: (\$150 + 10% of Medicaid Phys Fee Schedule)	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)	Facility: (\$150 + 10% of APG Rate) Phys Fee: (\$35/per day + 10% of Medicaid Phys Fee Schedule)	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>Observation</b>	Facility: (\$150 + 10% of APG Rate) Phys Fee: (\$35/per day + 10% of Medicaid Phys Fee Schedule)	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)	Facility: (\$150 + 10% of APG Rate) Phys Fee: (\$35/per day + 10% of Medicaid Phys Fee Schedule)	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>	Facility: (\$35 + 10% of APG Rate) Phys Fee: (\$35 + 10% of Medicaid Phys Fee Schedule)	Facility: (\$45 + 10% of APG Rate) Phys Fee: (\$45 + 10% of Medicaid Phys Fee Schedule)	Facility: (\$75 + 10% of APG Rate) Phys Fee: (\$75 + 10% of Medicaid Phys Fee Schedule)	Facility: (\$100 + 10% of APG Rate) Phys Fee: (\$100 + 10% of Medicaid Phys Fee Schedule)	Facility: (\$125 + 10% of APG Rate) Phys Fee: (\$125 + 10% of Medicaid Phys Fee Schedule)	Facility: (\$35 + 10% of APG Rate) Phys Fee: (\$35 + 10% of Medicaid Phys Fee Schedule)	Facility: (\$45 + 10% of APG Rate) Phys Fee: (\$45 + 10% of Medicaid Phys Fee Schedule)	Facility: (\$75 + 10% of APG Rate) Phys Fee: (\$75 + 10% of Medicaid Phys Fee Schedule)	Facility: (\$100 + 10% of APG Rate) Phys Fee: (\$100 + 10% of Medicaid Phys Fee Schedule)	Facility: (\$125 + 10% of APG Rate) Phys Fee: (\$125 + 10% of Medicaid Phys Fee Schedule)
<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)	\$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 "EHS Fee Schedule"	Patient Pays 20% of "EHS Fee Schedule"	Patient Pays 30% of "EHS Fee Schedule"	Patient Pays 40% of "EHS Fee Schedule"	Patient Pays 50% of "EHS Fee Schedule"	Patient Pays 15% of "EHS Fee Schedule"	Patient Pays 20% of "EHS Fee Schedule"	Patient Pays 30% of "EHS Fee Schedule"	Patient Pays 40% of "EHS Fee Schedule"	Patient Pays 50% of "EHS Fee Schedule"
<b>St. John's Medical Services PC (D/B/A St. John's Medical Group) - Pvt Offices</b>	\$40 Per Visit	\$60 Per Visit	\$90 Per Visit	\$120 Per Visit	\$150 Per Visit	\$40 Per Visit	\$60 Per Visit	\$90 Per Visit	\$120 Per Visit	\$150 Per Visit
<b>Patient Co-Pays, Deductible &amp; Coinsurance (all insurances)</b>	30% of assigned patient responsibility	40% of assigned patient responsibility	50% of assigned patient responsibility	60% of assigned patient responsibility	No Charity	30% of assigned patient responsibility	40% of assigned patient responsibility	50% of assigned patient responsibility	60% of assigned patient responsibility	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 physician(s) that are billed via St. John's Medical Services P.C. (D/B/A St. John's Medical Group. ER physician applicable group will also apply discount upon presentation of Charity Approval.

Poverty Guideline Source: Federal Register, Vol. 87 No 14, January 21, 2022, pp. 3315 - 3316.

**NOTE(s):**

- If income amount falls between levels above, then the lower level applies.
- NYS HCRA Surcharge will be added to the calculated patient responsibility; currently at 9.63%.
- EHS Fee Schedule is the MCD Lab/Referred Ambulatory Fee Schedule at a mark-up percentage; if the service code is not found in the MCD Lab/Referred Ambulatory Fee Schedule, the Medicare applicable fee schedule at a markup percentage will be used.
- June 2022 Outpatient Physical Therapy will be transitioning from the facility to the St. John's Medical Services PC (D/B/A St. John's Medical Group).