

St. John's Episcopal Hospital

327 Beach 19th St Far Rockaway, NY 11691

Financial Aid Eligibility Chart/Charity Care

Gross Income Categories

2025 Poverty Level Schedule / Fee Scale

*Effective for dates of service starting 10/01/2025

Family Size	Group I Federal Poverty 200% Scale (A)	Group II Federal Poverty 300% Scale (B)	Group III Federal Poverty 400% Scale (C)	Group IV Federal Poverty 500% Scale (D)	Group V Federal Poverty 600% Scale (E)	All Physician Professional charges are
1	\$ 31,300	\$ 46,950	\$ 62,600	\$ 78,250	\$ 93,900	excluded from Facility Bills; please refer to the "List of physicians
2	\$ 42,300	\$ 63,450	\$ 84,600	\$ 105,750	\$ 126,900	
3	\$ 53,300	\$ 79,950	\$ 106,600	\$ 133,250	\$ 159,900	
4	\$ 64,300	\$ 96,450	\$ 128,600	\$ 160,750	\$ 192,900	
5	\$ 75,300	\$ 112,950	\$ 150,600	\$ 188,250	\$ 225,900	covered and NOT
6	\$ 86,300	\$ 129,450	\$ 172,600	\$ 215,750	\$ 258,900	covered by
7	\$ 97,300	\$ 145,950	\$ 194,600	\$ 243,250	\$ 291,900	Hospital's
Inpatient	No Charge	Facility: (10% of APR- DRG Rate)	Facility: (20% of APR- DRG Rate)	Facility: (30% of APR-DRG Rate)	Facility: (40% of APR-DRG Rate)	Financial Assistance Policy".
Amb-Surg	No Charge	Facility: (10% of APG Rate) Phys Fee: (10% of Medicaid Phys Fee Schedule)	Facility: (20% of APG Rate) Phys Fee: (20% of Medicaid Phys Fee Schedule)	Facility: (30% of APG Rate) Phys Fee: (30% of Medicaid Phys Fee Schedule)	Facility: (40% of APG Rate) Phys Fee: (40% of Medicaid Phys Fee Schedule)	For those physicians / Groups NOT covered by Hospital's
Observation	No Charge	Facility: (10% of APG Rate) Phys Fee: (10% of Medicaid Phys Fee Schedule)	Facility: (20% of APG Rate) Phys Fee: (20% of Medicaid Phys Fee Schedule)	Facility: (30% of APG Rate) Phys Fee: (30% of Medicaid Phys Fee Schedule)	Facility: (40% of APG Rate) Phys Fee: (40% of Medicaid Phys Fee Schedule)	Financial Assistance Policy, please contact their
Emergency Room	No Charge	Facility: (10% of APG Rate) Phys Fee: (10% of Medicaid Phys Fee Schedule)	Facility: (20% of APG Rate) Phys Fee: (20% of Medicaid Phys Fee Schedule)	Facility: (30% of APG Rate) Phys Fee: (30% of Medicaid Phys Fee Schedule)	Facility: (40% of APG Rate) Phys Fee: (40% of Medicaid Phys Fee Schedule)	respective billing entity directly to discuss any

Clinic	No Charge	Facility: (10% of APG Rate) Phys Fee: (10% of Medicaid Phys Fee Schedule)	Facility: (20% of APG Rate) Phys Fee: (20% of Medicaid Phys Fee Schedule)	Facility: (30% of APG Rate) Phys Fee: (30% of Medicaid Phys Fee Schedule)	Facility: (40% of APG Rate) Phys Fee: (40% of Medicaid Phys Fee Schedule)	financial hardship.
Lab / X-Ray Ancillary Charges	No Charge	Patient Pays 10% of "Medicaid Fee Schedule"	Patient Pays 20% of "Medicaid Fee Schedule"	Patient Pays 30% of "Medicaid Fee Schedule"	Patient Pays 40% of "Medicaid Fee Schedule"	
St. John's Medical Services PC (D/B/A St. John's Medical Group) - Pvt Offices	\$40 Per Visit	\$60 Per Visit	\$90 Per Visit	\$120 Per Visit	\$150 Per Visit	
Patient Co- Pays, Deductible & Coinsurance (all insurances)	No Payment	10% of assigned patient responsibility	20% of assigned patient responsibility	30% of assigned patient responsibility	40% of assigned patient responsibility	

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. 90 No 11, January 17, 2025

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%.
- 3. EHS Fee Schedule is the MCD Lab/Referred Ambulatory Fee Schedule at a mark-up percentage; if the service code isnot found in the MCD Lab/Referred Ambulatory Fee Schedule, the Medicare applicable fee schedule at a markup percentage will be use.