

**CHARITY CARE ELIGIBILITY GUIDELINE
PAYMENT SCHEDULE**



Lake Chelan Health
Maximum amount patient would be required to pay based on gross monthly earnings and number of family members.

	FPL	100% FPL	100% TO 150% FPL	151% TO 200% FPL	201% TO 250% FPL	200% TO 300% FPL	300% - 400% FPL	OVER 400% FPL
	DISCOUNT	100%	95%	90%	80%	65%	50%	0%
FAMILY SIZE								
1	\$ 12,880.00	\$ - \$ 1,073	\$ 1,074 \$ 1,610	\$ 1,611 \$ 2,147	\$ 2,148 \$ 2,683	\$ 2,684 \$ 3,220	\$ 3,221 \$ 4,293	\$ 4,294 &OVER
2	\$ 17,420.00	\$ - \$ 1,452	\$ 1,453 \$ 2,178	\$ 2,179 \$ 2,903	\$ 2,904 \$ 3,629	\$ 3,630 \$ 4,355	\$ 4,356 \$ 5,807	\$ 5,808 &OVER
3	\$ 21,960.00	\$ - \$ 1,830	\$ 1,831 \$ 2,745	\$ 2,746 \$ 3,660	\$ 3,661 \$ 4,575	\$ 4,576 \$ 5,490	\$ 5,491 \$ 7,320	\$ 7,321 &OVER
4	\$ 26,500.00	\$ - \$ 2,208	\$ 2,209 \$ 3,313	\$ 3,314 \$ 4,417	\$ 4,418 \$ 5,521	\$ 5,522 \$ 6,625	\$ 6,626 \$ 8,833	\$ 8,834 &OVER
5	\$ 31,040.00	\$ - \$ 2,587	\$ 2,588 \$ 3,880	\$ 3,881 \$ 5,173	\$ 5,174 \$ 6,467	\$ 6,468 \$ 7,760	\$ 7,761 \$ 10,347	\$ 10,348 &OVER
6	\$ 35,580.00	\$ - \$ 2,965	\$ 2,966 \$ 4,448	\$ 4,449 \$ 5,930	\$ 5,931 \$ 7,413	\$ 7,414 \$ 8,895	\$ 8,896 \$ 11,860	\$ 11,861 &OVER
7	\$ 40,120.00	\$ - \$ 3,343	\$ 3,344 \$ 5,015	\$ 5,016 \$ 6,687	\$ 6,688 \$ 8,358	\$ 8,359 \$ 10,030	\$ 10,031 \$ 13,373	\$ 13,374 &OVER
8	\$ 44,660.00	\$ - \$ 3,722	\$ 3,723 \$ 5,583	\$ 5,584 \$ 7,443	\$ 7,444 \$ 9,304	\$ 9,305 \$ 11,165	\$ 11,166 \$ 14,887	\$ 14,888 &OVER

For families/households with more than 8 persons, add \$4,540 for each additional person.

District's Amounts Generally Billed (AGB) Percentage

Based on 2021 Federal Poverty Guidelines
Revised 01-2021

53.77%