

Charity Care Eligibility Guideline Payment Schedule



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

		FPL	0-200% FPL	201-250% FPL	251-300%FPL	Over 300 FPL
		Discount	100%	75%	50%	0%
Family Size	Annual	Monthly	Monthly Range	Monthly Range	Monthly Range	Monthly Range
1	\$15,650.00	\$1,304.17	Up to \$2621.99	\$2622 - \$3273.99	\$3274 - \$3913.99	\$3914 And Greater
2	\$21,150.00	\$1,762.50	Up to \$3543.99	\$3544 - \$4424.99	\$4424 - \$5288.99	\$5289 And Greater
3	\$26,650.00	\$2,220.83	Up to \$4464.99	\$4465 - \$5574.99	\$5574 - \$6663.99	\$6664 And Greater
4	\$32,150.00	\$2,679.17	Up to \$5385.99	\$5386 - \$6725.99	\$6725 - \$8038.99	\$8039 And Greater
5	\$37,650.00	\$3,137.50	Up to \$6306.99	\$6307 - \$7875.99	\$7875 - \$9413.99	\$9414 And Greater
6	\$43,150.00	\$3,595.83	Up to \$7228.99	\$7229 - \$9026.99	\$9026 - \$10788.99	\$10789 And Greater
7	\$48,650.00	\$4,054.17	Up to \$8149.99	\$8150 - \$10176.99	\$10176 - \$12163.99	\$12164 And Greater
8	\$54,150.00	\$4,512.50	Up to \$9070.99	\$9071 - \$11326.99	\$11326 - \$13538.99	\$13539 And Greater
For families/households with more than 8 persons, add \$5,500 for each additional person.						

District's Amount Generally Billed (AGB) Percentage
Revised: 5/5/2025

65.35%