



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

Family Size	2026 Poverty Guidelines: 48 Contiguous States			
	0-200% FPL	201-250% FPL	251-300%FPL	Over 300% FPL
	100%	75%	50%	0%
	Annual	Annual	Annual	Annual
1	\$31,920	\$31,921 - \$39,900	\$39,901 - \$47,880	\$47,881
2	\$43,280	\$43,281 - \$54,100	\$54,101 - \$64,920	\$64,921
3	\$54,640	\$54,641 - \$68,300	\$68,301 - \$81,960	\$81,961
4	\$66,000	\$66,001 - \$82,500	\$82,501 - \$99,000	\$99,001
5	\$77,360	\$77,361 - \$96,700	\$96,701 - \$116,040	\$116,041
6	\$88,720	\$88,721 - \$110,900	\$110,901 - \$133,080	\$133,081
7	\$100,080	\$100,081 - \$125,100	\$125,101 - \$150,120	\$150,121
8	\$111,440	\$111,441 - \$139,300	\$139,301 - \$167,160	\$167,161

Family Size	0-200% FPL	201-250% FPL	251-300%FPL	Over 300 FPL
	100%	75%	50%	0%
	Monthly	Monthly	Monthly	Monthly
	Monthly	Monthly	Monthly	Monthly
1	\$2,660	\$2,661 - \$3,325	\$3,325 - \$3,990	\$3,991
2	\$3,607	\$3,608 - \$4,406	\$4,407 - \$5,410	\$5,411
3	\$4,553	\$4,554 - \$5,692	\$5,553 - \$6,830	\$6,831
4	\$5,500	\$5,501 - \$6,875	\$6,699 - \$8,250	\$8,251
5	\$6,447	\$6,448 - \$8,058	\$7,845 - \$9,670	\$9,671
6	\$7,393	\$7,394 - \$9,242	\$8,991 - \$11,090	\$11,091
7	\$8,340	\$8,341 - \$10,425	\$10,136 - \$12,510	\$12,511
8	\$9,287	\$9,288 - \$11,608	\$11,282 - \$13,930	\$13,931

District's Amount Generally Billed (AGB) Percentage

65.35%

No individual qualifying under the Financial Assistance Policy shall be charged more than the AGB for emergency care or other medically necessary services.

Revised: 3/17/2026