**Appendix E: Separate and Additional Requirements for Westfield Memorial Hospital Financial Assistance**

**Procedure for Application**

Patients that have an income of 100% or less of the Federal Poverty Guidelines, their patient liability balances will be forgiven at 100%. For patients with income between 101%-300% of the Federal Poverty Guidelines, a sliding fee schedule will be applied with a range of 85% to 95% discount based off the maximum payment amount (MPA). Assets will not be used in determining a patient’s income level. Examples of assets not considered are a patient’s primary residence, assets held in a tax-deferred or comparable retirement savings account, college savings account, or cars used regularly by a patient or immediate family members.

2020 Federal Poverty Guidelines as of January 15, 2020 as published in the Federal Register [FR Doc.2020-00858(/a/2020-00858)Filed 01-15-20; 4:15 pm]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 100 % Discount | Income Range |  | 95 % Discount | Income Range |   |
| Household Size | 100% |  | Household Size | 101% | 150% |
| 1 | $12,760.00 |  | 1 | $12,887.60 | $19,140.00 |
| 2 | $17,240.00 |  | 2 | $17,412.40 | $25,860.00 |
| 3 | $21,720.00 |  | 3 | $21,937.20 | $32,580.00 |
| 4 | $26,200.00 |  | 4 | $26,462.00 | $39,300.00 |
| 5 | $30,680.00 |  | 5 | $30,986.80 | $46,020.00 |
| 6 | $35,160.00 |  | 6 | $35,511.60 | $52,740.00 |
| 7 | $39,640.00 |  | 7 | $40,036.40 | $59,460.00 |
| 8 | $44,120.00 |  | 8 | $44,561.20 | $66,180.00 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 90 % Discount | Income Range |   |  | 85 % Discount | Income Range |   |
| Household Size | 151% | 250% |  | Household Size | 251% | 300% |
| 1 | $19,267.60 | $31,900.00 |  | 1 | $32,027.60 | $38,280.00 |
| 2 | $26,032.40 | $43,100.00 |  | 2 | $43,272.40 | $51,720.00 |
| 3 | $32,797.20 | $54,300.00 |  | 3 | $54,517.20 | $65,160.00 |
| 4 | $39,562.00 | $65,500.00 |  | 4 | $65,762.00 | $78,600.00 |
| 5 | $46,326.80 | $76,700.00 |  | 5 | $77,006.80 | $92,040.00 |
| 6 | $53,091.60 | $87,900.00 |  | 6 | $88,251.60 | $105,480.00 |
| 7 | $59,856.40 | $99,100.00 |  | 7 | $99,496.40 | $118,920.00 |
| 8 | $66,621.20 | $110,300.00 |  | 8 | $110,741.20 | $132,360.00 |

\*For families/household with more than 8 persons, add $4,480 for each additional person.

**Payment (Installment) Plans**

Payment plans are available, upon approval, for Westfield Memorial Hospital services. Payment plans are reasonable to the industry standards, not to exceed 10% of the patient/guarantor’s monthly gross income. No interest will be applied to the patient balance. Accelerated payment schedules are not used at Westfield Memorial Hospital.

**Billing and Collections**

Westfield Memorial Hospital will not engage in extraordinary collection actions (ECAs) involving forced sale or foreclosure of a patient’s primary residence.