

LVH-SCHUYLKILL INCOME AND
ADJUSTMENT SCALE



**LEHIGH VALLEY HOSPITAL- SCHUYLKILL
PATIENT FINANCIAL ASSISTANCE
INCOME & ADJUSTMENT SCALE**

**Attachment C
Updated: 4/1/2017**

Family Size	100% of HHS Poverty Guidelines	Percentage of HHS Poverty Guidelines		
		200%	300%	400%
		Income levels up to:		
1	\$12,060	\$24,120	\$36,180	\$48,240
2	\$16,240	\$32,480	\$48,720	\$64,960
3	\$20,420	\$40,840	\$61,260	\$81,680
4	\$24,600	\$49,200	\$73,800	\$98,400
5	\$28,780	\$57,560	\$86,340	\$115,120
6	\$32,960	\$65,920	\$98,880	\$131,840
7	\$37,140	\$74,280	\$111,420	\$148,560
8	\$41,320	\$82,640	\$123,960	\$165,280
For households with more than 8 people add \$4,180 per person				
UNINSURED PATIENTS (additional off AGB)	Pt Finl Asst Discount	100%	90%	80%
	Patient Responsibility	0%	10%	20%
INSURED PATIENTS (copays, deductibles & co-insurance)	Pt Finl Asst Discount	100%	50%	N/A
	Patient Responsibility	0%	50%	N/A

Note: Above table is based on the latest HHS
The table will be updated annually

Example #1: Uninsured patient qualifying for 90% discount

Total Charges	\$5,000
Uninsured Discount-LVH Schuylkil	<u>\$3,000</u>
Amount Generally Billed (40%)	\$2,000
FAP % Approved	90%
<i>Patient Responsibility</i>	<u><u>\$200</u></u>

Example #2: Insured patient with liability for deductibles, coinsurance or copayments

Total Charges	\$10,000
Insurance Payment	\$4,000
Contractual Allowance	<u>\$5,000</u>
Patient Liability before Discount	\$1,000
FAP% Approved	50%
<i>Patient Responsibility</i>	<u><u>\$500</u></u>

- *AGB 60% discount for LVH-Schuylkill
- *AGB 77% discount for LVH-Hazleton
- *AGB 80% discount for LVH-Cedar Crest
- *AGB 82% discount for LVH-Muhlenberg