

Business Office/Patient Accounts

Wynn Hospital 111 Hospital Drive, Utica, NY 13502

FINANCIAL ASSISTANCE APPLICATION/DETERMINATION SCHEDULE A

Financial Guidelines: Patient assets not necessary for subsistence may be considered in the ability to pay for services along with related liabilities. The following guidelines are effective January 16, 2024:

FAMILY SIZE	FEDERAL POVERTY GUIDELINES	NYS MEDICAID POVERTY GUIDELINES	NYS ESSENTIAL PLAN GUIDELINES		
1	\$15,060	\$20,783	\$30,120		
2	\$20,440	\$28,208	\$40,880		
3	\$25,820	\$35,632	\$51,640		
4	\$31,200	\$43,056	\$62,400		
5	\$36,580	\$50,481	\$73,160		
6	\$41,960	\$57,905	\$83,920		
7	\$47,340	\$65,330	\$94,680		
8	\$52,720	\$72,754	\$105,440		

Households with more than eight (8) members, add \$5,380 for each additional member. The Federal Poverty Level (FPL) Guidelines are established by the Department of Health and Human Services and can be found at http://aspe.hhs.gov/poverty/index.cfm.

For the purposes of this policy, Family Size will be interpreted to include total number of individuals living in the household. Extenuating circumstances will be reviewed on a case-by-case basis.

Financial Assistance: After eligibility is determined, the following sliding fee schedule based on our highest volume payer's contracted rate should be used to determine the approved amount to be written off to Financial Assistance.

	% of Poverty Level	FAMILY INCOME								
		200% - 250% ZE Tier 1			250% - 275% Tier 2		275% - 325% Tier 3			
	FAMILY SIZE									
	1	\$0	-	\$37,574	\$37,575	-	\$41,339	\$41,340	-	\$48,945
	2	\$0	-	\$50,997	\$50,998	-	\$56,107	\$56,108	-	\$66,430
	3	\$0	-	\$64,420	\$64,421	-	\$70,875	\$70,876	-	\$83,915
	4	\$0	-	\$77,843	\$77,844	-	\$85,643	\$85,644	-	\$101,400
	5	\$0	-	\$91,266	\$91,267	-	\$100,411	\$100,412	-	\$118,885
	6	\$0	-	\$104,689	\$104,690	-	\$115,179	\$115,180	-	\$136,370
	7	\$0	-	\$118,112	\$118,113	-	\$129,947	\$129,948	-	\$153,855
	8	\$0	-	\$131,535	\$131,536	-	\$144,715	\$144,716	-	\$171,340
					Cost Share	е				
				Pe	er Each Acc	ount	:			
Inpatient, Radiation Medicine, Dialysis and ASU						Tier			Tier 3	
						\$0	\$250		\$500	
Emergency Department and Other Professional Services							-	\$12!		\$250
	Clinics and Urgen	t Care					\$0	\$15	Į.	\$30