

Patient Financial Assistance Program
2020 Sliding Scale

% of FPL Sliding Scale Code Family Size	100%	150%	200%	250%	300%	350%	400%	450%	500%
	SS1	SS2	SS3	SS4	SS5	SS6	SS7	SS8	SS9
	INCOME	INCOME	INCOME	INCOME	INCOME	INCOME	INCOME	INCOME	INCOME
1	0 - \$12,760	\$12,761 - \$19,140	\$19,141 - \$25,520	\$25,521 - \$31,900	\$31,901 - \$38,280	\$38,281 - \$44,660	\$44,661 - \$51,040	\$51,041 - \$57,420	\$57,421 - \$63,800
2	0 - \$17,240	\$17,241 - \$25,860	\$25,861 - \$34,480	\$34,481 - \$43,100	\$43,101 - \$51,720	\$51,721 - \$60,340	\$60,341 - \$68,960	\$68,961 - \$77,580	\$77,581 - \$86,200
3	0 - \$21,720	\$21,721 - \$32,580	\$32,581 - \$43,440	\$43,441 - \$54,300	\$54,301 - \$65,160	\$65,161 - \$76,020	\$76,021 - \$86,880	\$86,881 - \$97,740	\$97,741 - \$108,600
4	0 - \$26,200	\$26,201 - \$39,300	\$39,301 - \$52,400	\$52,401 - \$65,500	\$65,501 - \$78,600	\$78,601 - \$91,700	\$91,701 - \$104,800	\$104,801 - \$117,900	\$117,901 - \$131,000
5	0 - \$30,680	\$30,681 - \$46,020	\$46,021 - \$61,360	\$61,361 - \$76,700	\$76,701 - \$92,040	\$92,041 - \$107,380	\$107,381 - \$122,720	\$122,721 - \$138,060	\$138,061 - \$153,400
6	0 - \$35,160	\$35,161 - \$52,740	\$52,741 - \$70,320	\$70,321 - \$87,900	\$87,901 - \$105,480	\$105,481 - \$123,060	\$123,061 - \$140,640	\$140,641 - \$158,220	\$158,221 - \$175,800
7	0 - \$39,640	\$39,641 - \$59,460	\$59,461 - \$79,280	\$79,281 - \$99,100	\$99,101 - \$118,920	\$118,921 - \$138,740	\$138,741 - \$158,560	\$158,561 - \$178,380	\$178,381 - \$198,200
8	0 - \$44,120	\$44,121 - \$66,180	\$66,181 - \$88,240	\$88,241 - \$110,300	\$110,301 - \$132,360	\$132,361 - \$154,420	\$154,421 - \$176,480	\$176,481 - \$198,540	\$198,541 - \$220,600
For family units with more than 8 members add per person	\$ 4,480	\$ 6,720	\$ 8,960	\$ 11,200	\$ 13,440	\$ 15,680	\$ 17,920	\$ 20,160	\$ 22,400

HOSPITAL BASED SERVICES Rates Include Mandatory NYS Surcharge of 9.63%

EMERGENCY DEPARTMENT VISIT	\$20	\$35	\$50	\$75	\$100	\$150	\$200	\$250	\$300
EMERGENCY DEPARTMENT VISIT - PRE-NATAL/PEDIATRIC	\$0	\$20	\$30	\$40	\$50	\$75	\$100	\$125	\$150
CLINIC VISIT	\$10	\$30	\$40	\$60	\$75	\$85	\$100	\$115	\$130
CLINIC VISIT - PRE-NATAL / PEDIATRIC	\$10	\$20	\$30	\$40	\$50	\$75	\$100	\$125	\$150
ASU - COLONOSCOPY/ENDOSCOPY	\$100	\$250	\$325	\$400	\$450	\$500	\$550	\$600	\$650
ASU - ALL OTHER PROCEDURES	\$150	\$450	\$600	\$750	\$900	\$1,000	\$1,100	\$1,200	\$1,300
MRI	\$150	\$125	\$150	\$150	\$175	\$175	\$250	\$275	\$350
CAT SCAN	\$75	\$75	\$100	\$100	\$125	\$125	\$125	\$150	\$175
TRANSTHORACIC ECHOCARDIOGRAM (TTE)	\$25	\$40	\$60	\$75	\$100	\$100	\$125	\$125	\$150
HOLTER MONITOR	\$25	\$25	\$50	\$75	\$100	\$100	\$125	\$125	\$125
HYPERBARIC CHAMBER	\$100	\$250	\$350	\$400	\$600	\$900	\$1,000	\$1,100	\$1,200
NUCLEAR MEDICINE	\$50	\$40	\$60	\$75	\$100	\$100	\$125	\$125	\$150
PRE NATAL ULTRASOUND (P.D.U.)	\$50	\$50	\$75	\$75	\$100	\$125	\$125	\$150	\$175
MAMMOGRAPHY	\$40	\$40	\$75	\$75	\$75	\$100	\$125	\$125	\$125
OPHTHALMOLOGY - ARGON LASER	\$50	\$70	\$80	\$90	\$100	\$125	\$150	\$175	\$200
OPHTHALMOLOGY - YAG LASER	\$100	\$175	\$200	\$250	\$275	\$300	\$325	\$350	\$375
OPHTHALMOLOGY - AVASTIN INJECTION	\$40	\$40	\$40	\$50	\$50	\$50	\$75	\$75	\$75
INPATIENT ADMISSIONS	\$150	\$500	\$750	\$1,000	\$2,000	\$3,000	\$3,500	\$4,000	\$4,500
CHEMICAL DEPENDENCY REHABILITATION	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500
Physician Fee	\$0	\$15	\$20	\$30	\$40	\$50	\$50	\$50	\$50