

**ROCHELLE COMMUNITY HOSPITAL
 POVERTY/CHARITY CARE GUIDELINES
 Calendar Year 2021/Revised based on Fed Register published 01/21/2021
 Revised 7/1/21**

<u>Family Unit</u>	<u>HB Guide</u>	<u>2</u> <u>100% w/o</u>	<u>2.25</u> <u>75%w/o</u>	<u>2.5</u> <u>60% w/o</u>	<u>2.75</u> <u>50% w/o</u>	<u>3</u> <u>45% w/o</u>
1	\$ 12,880.00	\$ 25,760.00	\$ 28,980.00	\$ 32,200.00	\$ 35,420.00	\$ 38,640.00
2	\$ 17,420.00	\$ 34,840.00	\$ 39,195.00	\$ 43,550.00	\$ 47,905.00	\$ 52,260.00
3	\$ 21,960.00	\$ 43,920.00	\$ 49,410.00	\$ 54,900.00	\$ 60,390.00	\$ 65,880.00
4	\$ 26,500.00	\$ 53,000.00	\$ 59,625.00	\$ 66,250.00	\$ 72,875.00	\$ 79,500.00
5	\$ 31,040.00	\$ 62,080.00	\$ 69,840.00	\$ 77,600.00	\$ 85,360.00	\$ 93,120.00
6	\$ 35,580.00	\$ 71,160.00	\$ 80,055.00	\$ 88,950.00	\$ 97,845.00	\$ 106,740.00
7	\$ 40,120.00	\$ 80,240.00	\$ 90,270.00	\$ 100,300.00	\$ 110,330.00	\$ 120,360.00
8	\$ 44,660.00	\$ 89,320.00	\$ 100,485.00	\$ 111,650.00	\$ 122,815.00	\$ 133,980.00

Each Addl Family Member add \$4,540
 Above guidelines excludes the state of Alaska and Hawaii

Note: Maximum amount collected in a 12 month period from an eligilbe patient is 25% of the family's gross income.

Uninsured Illinois residents earning up to 300% of the FPL may qualify for the Illinois Uninsured Discount which is currently 45%.

Scale will be updated a minimum of annually based on Federal Poverty levels and Hospital's Medicare Cost to Charge Ratio from Cost report.
 The amount of the charge and discount when eligible will be no more than the Amount Generally Billed (AGB) to other payors.
 The AGB is calculated using the 12 month look back method. The calculation for the current year is 34%