

NYC Health + Hospitals

Financial Assistance Sliding Fee Scale Table

STEP 1:
Find your household size (please include all adults and children who live with you).

STEP 2:
Next, find the amount that you get paid in a year in one of the levels.

STEP 3:
Follow the column down to the bottom chart to find out how much you will be asked to pay according to your household size and income for clinic visits, emergency room visits, and hospital stays.

Federal Poverty Levels	100% FPL	101 - 125% FPL		126 - 150% FPL		151 - 200% FPL		201 - 250% FPL		251 - 300% FPL		301 - 350% FPL		351 - 500% FPL	
Household Size	Less than	More than	Less than	More than	Less than	More than	Less than	More than	Less than	More than	Less than	More than	Less than	More than	Less than
1	13,590	13,591	16,988	16,989	20,385	20,386	27,180	27,181	33,975	33,976	40,770	40,771	47,565	47,566	67,950
2	18,310	18,311	22,888	22,889	27,465	27,466	36,620	36,621	45,775	45,776	54,930	54,931	64,085	64,086	91,550
3	23,030	23,031	28,788	28,789	34,545	34,546	46,060	46,061	57,575	57,576	69,090	69,091	80,605	80,606	115,150
4	27,750	27,751	34,688	34,689	41,625	41,626	55,500	55,501	69,375	69,376	83,250	83,251	97,125	97,126	138,750
5	32,470	32,471	40,588	40,589	48,705	48,706	64,940	64,941	81,175	81,176	97,410	97,411	113,645	113,646	162,350
6	37,190	37,191	46,488	46,489	55,785	55,786	74,380	74,381	92,975	92,976	111,570	111,571	130,165	130,166	185,950
7	41,910	41,911	52,388	52,389	62,865	62,866	83,820	83,821	104,775	104,776	125,730	125,731	146,685	146,686	209,550
Clinic Visit for Adult	\$0	\$2		\$3		\$20		\$30		\$40		\$50		\$50	
Clinic Visit for Child or Pregnant Woman	\$0	\$0		\$0		\$20		\$30		\$40		\$50		\$50	
Behavioral Health Clinic Visit	\$0	\$0		\$0		\$15		\$30		\$40		\$50		\$50	
Emergency Room Visit for Adult	\$0	\$3		\$3		\$75		\$80		\$100		\$120		\$120	
Emergency Room Visit for Child or Pregnant Woman	\$0	\$0		\$0		\$75		\$80		\$100		\$120		\$120	
Prescription Drugs (fee per prescription)	\$2	\$2		\$2		\$6		\$10		\$14		\$18		\$18	
Ambulatory Surgery or MRI Testing	\$0	\$15		\$25		\$150		\$300		\$450		\$550		\$650	
Inpatient Hospital Stay*	\$0	\$25		\$25		\$150		\$400		\$900		\$1500		\$1500	
Co-pays and Deductibles	\$0	\$0		\$0		\$0		\$10		\$12		\$18		\$22	

Fees for patients with household income that is more than the above will be charged based on the NYC Health + Hospitals Selfpay rate.

*Additional fees may be charged if savings are more than \$8,000