

NYC Health + Hospitals

Financial Assistance Sliding Fee Scale Table

Effective 4/15/23

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	14,580	14,581	18,225	18,226	21,870	21,871	29,160	29,161	36,450	36,451	43,740	43,741	51,030	51,031	72,900	
2	19,720	19,721	24,650	24,651	29,580	29,581	39,440	39,441	49,300	49,301	59,160	59,161	69,020	69,021	98,600	
3	24,860	24,861	31,075	31,076	37,290	37,291	49,720	49,721	62,150	62,151	74,580	74,581	87,010	87,011	124,300	
4	30,000	30,001	37,500	37,501	45,000	45,001	60,000	60,001	75,000	75,001	90,000	90,001	105,000	105,001	150,000	
5	35,140	35,141	43,925	43,926	52,710	52,711	70,280	70,281	87,850	87,851	105,420	105,421	122,990	122,991	175,700	
6	40,280	40,281	50,350	50,351	60,420	60,421	80,560	80,561	100,700	100,701	120,840	120,841	140,980	140,981	201,400	
7	45,420	45,421	56,775	56,776	68,130	68,131	90,840	90,841	113,550	113,551	136,260	136,261	158,970	158,971	227,100	

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

2023

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