

Charity Care and Partial Charity Care Table

To apply for Charity Care or Partial Charity Care, the patient or legal representative must complete the Adirondack Medical Center Charity Care application and proof of income must be attached. Application will be processed in accordance with Patient Financial Services policies.

Size of Family Unit	1xFPG*	2xFPG*	3xFPG*	4xFPG*	5xFPG*
	100% Charity Care	100 % Charity Care	15 % Discount	10% Discount	5% Discount
1	\$ 10,210	\$ 20,420	\$ 30,630	\$ 40,840	\$ 51,050
2	\$ 13,690	\$ 27,380	\$ 41,070	\$ 54,760	\$ 68,450
3	\$ 17,170	\$ 34,340	\$ 51,510	\$ 68,680	\$ 85,850
4	\$ 20,650	\$ 41,300	\$ 61,950	\$ 82,600	\$ 103,250
5	\$ 24,130	\$ 48,260	\$ 72,390	\$ 96,520	\$ 120,650
6	\$ 27,610	\$ 55,220	\$ 82,830	\$ 110,440	\$ 138,050
7	\$ 31,090	\$ 62,180	\$ 93,270	\$ 124,360	\$ 155,450
8	\$ 34,570	\$ 69,140	\$ 103,710	\$ 138,280	\$ 172,850

ADD \$3,400 FOR EACH ADDITIONAL PERSON

- **FPG = FEDERAL POVERTY GUIDELINES** – The FPG is updated each year in February and can be located at <http://aspe.hhs.gov/poverty/index.shtml>
- **This table shall be adjusted in accordance with annually released changes to the Federal Poverty Levels.**