

APPENDIX C
GREAT RIVER HEALTH SYSTEM
FINANCIAL ASSISTANCE MATRIX

		Patient Responsibility										Do not Qualify for Financial Assistance
Family Size	Poverty Level *	0%		25%		50%		75%		85%		
1	\$14,580	lower than	\$29,160	\$29,161	\$32,805	\$32,806	\$36,450	\$36,451	\$40,095	\$40,096	\$43,740	\$43,741
2	\$19,720	lower than	\$39,440	\$39,441	\$44,370	\$44,371	\$49,300	\$49,301	\$54,230	\$54,231	\$59,160	\$59,161
3	\$24,860	lower than	\$49,720	\$49,721	\$55,935	\$55,936	\$62,150	\$62,151	\$68,365	\$68,366	\$74,580	\$74,581
4	\$30,000	lower than	\$60,000	\$60,001	\$67,500	\$67,501	\$75,000	\$75,001	\$82,500	\$82,501	\$90,000	\$90,001
5	\$35,140	lower than	\$70,280	\$70,281	\$79,065	\$79,066	\$87,850	\$87,851	\$96,635	\$96,636	\$105,420	\$105,421
6	\$40,280	lower than	\$80,560	\$80,561	\$90,630	\$90,631	\$100,700	\$100,701	\$110,770	\$110,771	\$120,840	\$120,841
7	\$45,420	lower than	\$90,840	\$90,841	\$102,195	\$102,196	\$113,550	\$113,551	\$124,905	\$124,906	\$136,260	\$136,261
8	\$50,560	lower than	\$101,120	\$101,121	\$113,760	\$113,761	\$126,400	\$126,401	\$139,040	\$139,041	\$151,680	\$151,681
% of Poverty Level			200%	201%	225%	226%	250%	251%	275%	276%	300%	301%

* Based on 2023 Federal Poverty Guidelines

NOTE: Patients whose family income exceeds 300% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances; such as, catastrophic illness or medical indigence. This discount is at the discretion of Great River Health System.