

Punxsutawney Area Hospital						
Financial Assistance Income Guidelines						
Effective February 1, 2024						
Patient's share of hospital bill						
		0%	10%	20%	75%	
family size	poverty level	50% of federal poverty level	100% of federal poverty level	150% of federal poverty level	200% of federal poverty level	
1	15,060	22,590	30,120	37,650	60,240	
2	20,440	30,660	40,880	51,100	81,760	
3	25,820	38,730	51,640	64,550	103,280	
4	31,200	46,800	62,400	78,000	124,800	
5	36,580	54,870	73,160	91,450	146,320	
6	41,960	62,940	83,920	104,900	167,840	
7	47,340	71,010	94,680	118,350	189,360	
8	52,720	79,080	105,440	131,800	210,880	
9	58,100	87,150	116,200	145,250	232,400	
10	63,480	95,220	126,960	158,700	253,920	
11	68,860	103,290	137,720	172,150	275,440	
12	74,240	111,360	148,480	185,600	296,960	
customer must have been denied coverage by Medical Assistance / Medicaid Managed Care						
for customers whose income is at or below 150% of the federal poverty level 100% of the charges will be waived						
for customers whose income is at or below 200% of the federal poverty level 90% of the charges will be waived						
for customers whose income is at or below 250% of the federal poverty level 80% of the charges will be waived						
for customers whose income is at or below 250% of the federal poverty level charges will be reduced to cost						
for customers whose income is at or below 400% of the federal poverty level 25% of the charges will be waived						
other conditions may apply.						