

**NEWPORT HOSPITAL & HEALTH SERVICES UNCOMPENSATED SERVICES  
SLIDING FEE SCHEDULE BASED ON 2017 FEDERAL POVERTY LEVELS**

Size of Family	ELIGIBLE FOR 100% CHARITY		ELIGIBLE FOR 75% CHARITY		ELIGIBLE FOR 50% CHARITY		ELIGIBLE FOR 25% CHARITY	
	Income at or below 100% of 2017 Federal Poverty Guidelines		Income between 101% and 133% of 2017 Federal Poverty Guidelines		Income between 134% and 166% of 2017 Federal Poverty Guidelines		Income between 167% and 200% of 2017 Federal Poverty Guidelines	
1	UP TO	12,060	12,061	16,040	16,041	20,020	20,021	24,120
2	UP TO	16,240	16,241	21,599	21,600	26,958	26,959	32,480
3	UP TO	20,420	20,421	27,159	27,160	33,897	33,898	40,840
4	UP TO	24,600	24,601	32,718	32,719	40,836	40,837	49,200
5	UP TO	28,780	28,781	38,277	38,278	47,775	47,776	57,560
6	UP TO	32,960	32,961	43,837	43,838	54,714	54,715	65,920
7	UP TO	37,140	37,141	49,396	49,397	61,652	61,653	74,280
8	UP TO	41,320	41,321	54,956	54,957	68,591	68,592	82,640
Each add'l family member	ADD	\$4,180	\$4,181	\$5,559	\$5,560	\$6,939	\$6,940	\$8,360

Last updated 01/25/2017