

**NEWPORT HOSPITAL & HEALTH SERVICES UNCOMPENSATED SERVICES
SLIDING FEE SCHEDULE BASED ON 2024 FEDERAL POVERTY LEVELS**

Effective date: Applications processed on or after January 19th 2024

Patients in Service Area - All services, except custodial Swing Bed, ALF, and Surgeon Professional Fees						
Patients Outside of Service Area - Emergency Room services only						
Size of Family	ELIGIBLE FOR 100% CHARITY		ELIGIBLE FOR 75% CHARITY		ELIGIBLE FOR 50% CHARITY	
	Income at or below 200% of 2024 Federal Poverty Guidelines		Income between 201% and 250% of 2024 Federal Poverty Guidelines		Income between 251% and 300% of 2024 Federal Poverty Guidelines	
1	UP TO	30,120	30,121	37,650	37,651	45,180
2	UP TO	40,880	40,881	51,100	51,101	61,320
3	UP TO	51,640	51,641	64,550	64,551	77,460
4	UP TO	62,400	62,401	78,000	78,001	93,600
5	UP TO	73,160	73,161	91,450	91,451	109,740
6	UP TO	83,920	83,921	104,900	104,901	125,880
7	UP TO	94,680	94,681	118,350	118,351	142,020
8	UP TO	105,440	105,441	131,800	131,801	158,160
Each add'l family member	ADD	\$5,380	\$5,381	\$6,725	\$6,726	\$7,263