Newport Hospital and Health Services

Uncompensated Services Sliding Fee Schedule Based on 2026 Federal Poverty Levels

Effective date: Applications processed on or after January 15, 2026 for all services, except custodial Swing Bed, residential care, and surgeon professional services.

Family Size	Household Income	Household Income	Household Income
Federal Poverty Level	At or below 200%	201% to 250%	251% to 300%
1	up to $31,920	$31,921 to $39,900	$39,901 to $47,880
2	up to $43,280	$43,280 to $54,100	$54,101 to $64,920
3	up to $54,640	$54,641 to $68,300	$68,301 to $81,960
4	up to $66,000	$66,001 to $82,500	$82,501 to $99,000
5	up to $77,360	$77,361 to $96,700	$96,701 to $116,040
6	up to $88,720	$88,721 to $110,900	$110,901 to $133,080
7	up to $100,080	$100,081 to $125,100	$125,101 to $150,120
8	up to $111,440	$111,441 to $139,300	$139,301 to $167,160
For each additional family member:	Add $11,360	$11,361 to $14,200	$14,201 to $15,336
Eligible Discount	100% Charity	75% Charity	50% Charity