

# JEWISH RENAISSANCE MEDICAL CENTER

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## FEDERAL POVERTY GUIDELINE (SLIDING FEE SCALE)

EFFECTIVE February 13th 2018

PERCENTAGE OF CHARGES PAID BY A PATIENT WHEN GROSS ANNUAL INCOME IS WITHIN THE FOLLOWING RANGES

New Jersey Family Care < 350%										
Medicaid <138%	UNREIMBURSED CARE ELIGIBLE									
330 Funding <200%	Uncompensated Care(Charity Care) <250%									
	A	B	C	D	E	F	G	H	I	J
	Nominal Charge \$20	Patient Pays \$25	Patient Pays \$30	Patient Pays \$35	Patient Pays \$40	Patient Pays \$45	Patient Pays \$50	JRMCA Adjusts 25% Patient Pays 75% of Charges Deposit \$55	JRMCA Adjusts 25% Patient Pays 80% of Charges Deposit \$60	JRMCA Adjusts 0 Patient Pays 100% of Charges Deposit \$65
Family Size	at or below 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	201% - 225%	226% - 250%	251% - 275%	276% - 300%	> 300%
1	12,140	12,141 - 15,175	15,176 - 18,210	18,211 - 21,245	21,246 - 24,280	24,281 - 27,315	27,316 - 30,350	30,351 - 33,385	33,386 - 36,420	36,421 or More
2	16,460	16,461 - 20,575	20,576 - 24,690	24,691 - 28,805	28,806 - 32,920	32,921 - 37,035	37,036 - 41,150	41,151 - 45,265	45,266 - 49,380	49,381 or More
3	20,780	20,781 - 25,975	25,976 - 31,170	31,171 - 36,365	36,366 - 41,560	41,561 - 46,755	46,756 - 51,950	51,951 - 57,145	57,146 - 62,340	62,341 or More
4	25,100	25,101 - 31,375	31,376 - 37,650	37,651 - 43,925	43,926 - 50,200	50,201 - 56,475	56,476 - 62,750	62,751 - 69,025	69,026 - 75,300	75,301 or More
5	29,420	29,421 - 36,775	36,776 - 44,130	44,131 - 51,485	51,486 - 58,840	58,841 - 66,195	66,196 - 73,550	73,551 - 80,905	80,906 - 88,260	88,261 or More
6	33,740	33,741 - 42,175	42,176 - 50,610	50,611 - 59,045	59,046 - 67,480	67,481 - 75,915	75,916 - 84,350	84,351 - 92,785	92,786 - 101,220	101,221 or More
7	38,060	38,061 - 47,575	47,576 - 57,090	57,091 - 66,605	66,606 - 76,120	76,121 - 85,635	85,636 - 95,150	95,151 - 104,665	104,666 - 114,180	114,181 or More
8	42,380	42,381 - 52,975	52,976 - 63,570	63,571 - 74,165	74,166 - 84,760	84,761 - 95,355	95,356 - 105,950	105,951 - 116,545	116,546 - 127,140	127,141 or More
For Each Additional Person , add	4,320	5,400	6,480	7,560	8,640	9,720	10,800	11,880	12,960	

**\* NOTE: 1- Count a pregnant woman as two (2) family members**

**2- JRMCA updates this scale annually based on the current Federal Poverty Guideline (FPG)**