

# JEWISH RENAISSANCE MEDICAL CENTER

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## FEDERAL POVERTY GUIDELINE (SLIDING FEE SCALE)

EFFECTIVE March 1st 2019

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

Medicaid <138% New Jersey Family Care < 350%										
Uncompensated Care (Charity Care) - Discount Applies if > 100% of Federal Poverty Guideline (FPG) but < or = to 250% (FPG)										
HRSA National Health Services Corp - Discount applies if > 100% of FPG but < or = to 200% FPG										
	A	B	C	D	E	F	G	H	I	J
	Nominal Charge \$20	Patient Pays \$30	Patient Pays \$40	Patient Pays \$55	Patient Pays \$60	Patient Pays \$65	Patient Pays \$70	Flat Fee \$100	Flat Fee \$100	Flat Fee \$100
Family Size	at or below 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	201% - 225%	226% - 250%	251% - 275%	276% - 300%	> 300%
1	12,490	12,491 - 15,613	15,614 - 18,735	18,736 - 21,858	21,859 - 24,980	24,981 - 28,103	28,104 - 31,225	31,226 - 34,348	34,349 - 37,470	37,471 or More
2	16,910	16,911 - 21,138	21,139 - 25,365	25,366 - 29,593	29,594 - 33,820	33,821 - 38,048	38,049 - 42,275	42,276 - 46,503	46,504 - 50,730	50,731 or More
3	21,330	21,331 - 26,663	26,664 - 31,995	31,996 - 37,328	37,329 - 42,660	42,661 - 47,993	47,994 - 53,325	53,326 - 58,658	58,659 - 63,990	63,991 or More
4	25,750	25,751 - 32,188	32,189 - 38,625	38,626 - 45,063	45,064 - 51,500	51,501 - 57,938	57,939 - 64,375	64,376 - 70,813	70,814 - 77,250	77,251 or More
5	30,170	30,171 - 37,713	37,714 - 45,255	45,256 - 52,798	52,799 - 60,340	60,341 - 67,883	67,884 - 75,425	75,426 - 82,968	82,969 - 90,510	90,511 or More
6	34,590	34,591 - 43,238	43,239 - 51,885	51,886 - 60,533	60,534 - 69,180	69,181 - 77,828	77,829 - 86,475	86,476 - 95,123	95,124 - 103,770	103,771 or More
7	39,010	39,011 - 48,763	48,764 - 58,515	58,516 - 68,268	68,269 - 78,020	78,021 - 87,773	87,774 - 97,525	97,526 - 107,278	107,279 - 117,030	117,031 or More
8	43,430	43,431 - 54,288	54,289 - 65,145	65,146 - 76,003	76,004 - 86,860	86,861 - 97,718	97,719 - 108,575	108,576 - 119,433	119,434 - 130,290	130,291 or More
For Each Additional Person	4,420	5,525	6,630	7,735	8,840	9,945	11,050	12,155	13,260	

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

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