

JEWISH RENAISSANCE MEDICAL CENTER

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FEDERAL POVERTY GUIDELINE (SLIDING FEE SCALE)

EFFECTIVE March 1st 2022

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 < 355%

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

Family Size	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
	at or below 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	201% - 225%	226% - 250%	251% - 275%	276% - 300%	> 300%
1	13,590	13,591 - 16,988	16,989 - 20,385	20,386 - 23,783	23,784 - 27,180	27,181 - 30,578	30,579 - 33,975	33,976 - 37,373	37,374 - 40,770	40,771 or More
2	18,310	18,311 - 22,888	22,889 - 27,465	27,466 - 32,043	32,044 - 36,620	36,621 - 41,198	41,199 - 45,775	45,776 - 50,353	50,354 - 54,930	54,931 or More
3	23,030	23,031 - 28,788	28,789 - 34,545	34,546 - 40,303	40,304 - 46,060	46,061 - 51,818	51,819 - 57,575	57,576 - 63,333	63,334 - 69,090	69,091 or More
4	27,750	27,751 - 34,688	34,689 - 41,625	41,626 - 48,563	48,564 - 55,500	55,501 - 62,438	62,439 - 69,375	69,376 - 76,313	76,314 - 83,250	83,251 or More
5	32,470	32,471 - 40,588	40,589 - 48,705	48,706 - 56,823	56,824 - 64,940	64,941 - 73,058	73,059 - 81,175	81,176 - 89,293	89,294 - 97,410	97,411 or More
6	37,190	37,191 - 46,488	46,489 - 55,785	55,786 - 65,083	65,084 - 74,380	74,381 - 83,678	83,679 - 92,975	92,976 - 102,273	102,274 - 111,570	111,571 or More
7	41,910	41,911 - 52,388	52,389 - 62,865	62,866 - 73,343	73,344 - 83,820	83,821 - 94,298	94,299 - 104,775	104,776 - 115,253	115,254 - 125,730	125,731 or More
8	46,630	46,631 - 58,288	58,289 - 69,945	69,946 - 81,603	81,604 - 93,260	93,261 - 104,918	104,919 - 116,575	116,576 - 128,233	128,234 - 139,890	139,891 or More
For Each Additional Person, add	4,720	5,900	7,080	8,260	9,440	10,620	11,800	12,980	14,160	

* 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)







