

**Appendix E: Separate and Additional Requirements for Westfield Memorial Hospital Financial Assistance**

**Procedure for Application**

Patients that have an income of 100% or less of the Federal Poverty Guidelines, their patient liability balances will be forgiven at 100%. For patients with income between 101%-300% of the Federal Poverty Guidelines, a sliding fee schedule will be applied with a range of 85% to 95% discount based off the maximum payment amount (MPA). Assets will not be used in determining a patient’s income level. Examples of assets not considered are a patient’s primary residence, assets held in a tax-deferred or comparable retirement savings account, college savings account, or cars used regularly by a patient or immediate family members.

2024 Federal Poverty Guidelines as of January 16, 2024 as published in the Federal Register [FR Doc.2024-00796 Filed 01-16-24: 8:45 am]

| 100 % Discount | Income Range |  | 95 % Discount  | Income Range |             |
|----------------|--------------|--|----------------|--------------|-------------|
| Household Size | 100%         |  | Household Size | 101%         | 150%        |
| 1              | \$15,060.00  |  | 1              | \$15,210.60  | \$22,590.00 |
| 2              | \$20,440.00  |  | 2              | \$20,644.40  | \$30,660.00 |
| 3              | \$25,820.00  |  | 3              | \$26,078.20  | \$38,730.00 |
| 4              | \$31,200.00  |  | 4              | \$31,512.00  | \$46,800.00 |
| 5              | \$36,580.00  |  | 5              | \$36,945.80  | \$54,870.00 |
| 6              | \$41,960.00  |  | 6              | \$42,379.60  | \$62,940.00 |
| 7              | \$47,340.00  |  | 7              | \$47,813.40  | \$71,010.00 |
| 8              | \$52,720.00  |  | 8              | \$53,247.20  | \$79,080.00 |

| 90 % Discount  | Income Range |              | 85 % Discount  | Income Range |              |
|----------------|--------------|--------------|----------------|--------------|--------------|
| Household Size | 151%         | 250%         | Household Size | 251%         | 300%         |
| 1              | \$22,740.60  | \$37,650.00  | 1              | \$37,800.60  | \$45,180.00  |
| 2              | \$30,864.40  | \$51,100.00  | 2              | \$51,304.40  | \$61,320.00  |
| 3              | \$38,988.20  | \$64,550.00  | 3              | \$64,808.20  | \$77,460.00  |
| 4              | \$47,112.00  | \$78,000.00  | 4              | \$78,312.00  | \$93,600.00  |
| 5              | \$55,235.80  | \$91,450.00  | 5              | \$91,815.80  | \$109,740.00 |
| 6              | \$63,359.60  | \$104,900.00 | 6              | \$105,319.60 | \$125,880.00 |
| 7              | \$71,483.40  | \$118,350.00 | 7              | \$118,823.40 | \$142,020.00 |
| 8              | \$79,607.20  | \$131,800.00 | 8              | \$132,327.20 | \$158,160.00 |

\*For families/household with more than 8 persons, add \$5,380 for each additional person.

**Payment (Installment) Plans**

Payment plans are available, upon approval, for Westfield Memorial Hospital services. Payment plans are reasonable to the industry standards, not to exceed 10% of the patient/guarantor's monthly gross income. No interest will be applied to the patient balance. Accelerated payment schedules are not used at Westfield Memorial Hospital.

**Billing and Collections**

Westfield Memorial Hospital will not engage in extraordinary collection actions (ECAs) involving forced sale or foreclosure of a patient's primary residence.