

# NORTH BROWARD HOSPITAL DISTRICT'S FINANCIAL ASSISTANCE GUIDELINES

**EFFECTIVE January 17, 2025**

FAMILY SIZE	100% OR BELOW THE FPG	101% - 150% OF THE FPG		151% - 200% OF THE FPG		201% - 300% OF THE FPG		301% - 400% AND ABOVE THE FPG – One time Approval	
	W40	W41		W48		W42		W00	
	W80	W81		W88		W82			
	MAXIMUM HOUSEHOLD INCOME	MINIMUM HOUSEHOLD INCOME	MAXIMUM HOUSEHOLD INCOME	MINIMUM HOUSEHOLD INCOME	MAXIMUM HOUSEHOLD INCOME	MINIMUM HOUSEHOLD INCOME	MAXIMUM HOUSEHOLD INCOME	HOUSEHOLD INCOME FOR CATASTROPHIC ONE TIME APPROVAL	
1	\$15,650.00	\$15,650.00	\$23,475.00	\$23,475.00	\$31,300.00	\$31,300.00	\$49,950.00	\$49,950.00	\$62,600.00
2	\$21,150.00	\$21,150.00	\$31,725.00	\$31,725.00	\$42,300.00	\$42,300.00	\$63,450.00	\$63,450.00	\$84,600.00
3	\$26,650.00	\$26,650.00	\$39,975.00	\$39,975.00	\$53,300.00	\$53,300.00	\$79,950.00	\$79,950.00	\$106,600.00
4	\$32,150.00	\$32,150.00	\$48,225.00	\$48,225.00	\$64,300.00	\$64,300.00	\$96,450.00	\$96,450.00	\$128,600.00
5	\$37,650.00	\$37,650.00	\$56,475.00	\$56,475.00	\$75,300.00	\$75,300.00	\$112,950.00	\$112,950.00	<b>\$150,600.00</b>
<b>Maximum Income may not exceed \$150,600</b>					<b>For additional family size add \$5,500.00</b>				
ER	\$10.00	\$25.00		\$25.00		\$25.00		\$50.00	
IN PT	PAID FOR BY TAX DOLLARS	PAID FOR BY TAX DOLLARS		PAID FOR BY TAX DOLLARS		PAID FOR BY TAX DOLLARS		PAID FOR BY TAX DOLLARS	
OUT PT	PAID FOR BY TAX DOLLARS/ APPLICABLE GRANTS	PAID FOR BY TAX DOLLARS/ APPLICABLE GRANTS		PAID FOR BY TAX DOLLARS/ APPLICABLE GRANTS		PAID FOR BY TAX DOLLARS/ APPLICABLE GRANTS		PAID FOR BY TAX DOLLARS/ APPLICABLE GRANTS	

This health-care provider makes available health care services to all people in the community and does not discriminate against a patient because of race, color, creed, national origin, sex, religion, age or because a patient is covered by a program such as Medicare or Medicaid. This health-care provider has available emergency services and does not deny those services to a person **who needs them but cannot pay for them.**

A financial assistance program is available to qualified applicants to defray the costs of medically necessary services for those patients who are naturally born, naturalized citizens or legal aliens that have permanently resided within the geographical boundaries of the North Broward Hospital District for at least 30 days prior to the date of service or suffered a severe trauma, for which no other funding sources exist.

***Pursuant to the 2005 Florida Statute, Section 409.911 (1)(c), "Charity Care" or "Uncompensated charity care" means that portion of hospital charges reported to the Agency for Health Care Administration for which there is no compensation, other than restricted or unrestricted revenues provided to a hospital by local governments or tax districts regardless of the method of payment, for care provided to a patient whose family income for the 12 months preceding the determination is less than or equal to 200 percent of the federal poverty level, unless the amount of hospital charges due from the patient exceeds 25 percent of the annual family income. However, in no case shall the hospital charges for a patient whose family income exceeds four times the federal poverty level for a family of four be considered charity.***

**NOTICE:** If a patient is admitted via emergency transport or other acceptable circumstances, and meets the indigent income guidelines but not the residency guidelines, they may be eligible for a one time approval based on their income.