

Punxsutawney Area Hospital
Charity Care Income Guidelines
Effective February 1, 2021

patient's share of hospital bill	0%	10%	20%
family size	150% of federal poverty level	200% of federal poverty level	250% of federal poverty level
1	19,320	25,760	32,200
2	26,130	34,840	43,550
3	32,940	43,920	54,900
4	39,750	53,000	66,250
5	46,560	62,080	77,600
6	53,370	71,160	88,950
7	60,180	80,240	100,300
8	66,990	89,320	111,650
9	73,800	98,400	123,000
10	80,610	107,480	134,350
11	87,420	116,560	145,700
12	94,230	125,640	157,050

customer must have been denied coverage by Medical Assistance / Medicaid Managed Care

for customers whose income is at or below 150% of the federal poverty level 100% of the charges will be waived

for customers whose income is at or below 200% of the federal poverty level 90% of the charges will be waived

for customers whose income is at or below 250% of the federal poverty level 80% of the charges will be waived

other conditions may apply.