

Punxsutawney Area Hospital
Charity Care Income Guidelines
Effective February 1, 2022

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	20,385	27,180	33,975
2	27,465	36,620	45,775
3	34,545	46,060	57,575
4	41,625	55,500	69,375
5	48,705	64,940	81,175
6	55,785	74,380	92,975
7	62,865	83,820	104,775
8	69,945	93,260	116,575
9	77,025	102,700	128,375
10	84,105	112,140	140,175
11	91,185	121,580	151,975
12	98,265	131,020	163,775

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.