

**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.**