

Effective January, 2023

FINANCIAL-AID CRITERIA

Gateway Healthcare, Inc. is proud of its commitment to provide quality care to all who need it.

Gateway Healthcare, Inc. provides financial aid to clients without health insurance or who are under-insured, and who may not be able to pay for their care. Gateway Healthcare, Inc. also offers discounts to uninsured or under-insured clients who may have difficulty paying their full bill for services.

FULL FINANCIAL ASSISTANCE

We provide care *without charge* to uninsured Rhode Island residents with income less than:

Size of Family Unit	1	2	3	4	5	6	7	8	each additional:
Annual Income Limits*	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120	\$10,280

PARTIAL FINANCIAL ASSISTANCE

We also provide discounted care to uninsured and under-insured Rhode Island residents with incomes between:

% Based on Federal Poverty Level, at or below:		<200%	201%-300%	300%+
<i>Outpatient % Discount</i>		FREE	90%	63%
Family Size	Federal Poverty Level	Income Up To		Income Over
1	\$14,580.00	\$29,160	\$43,740	\$43,740
2	\$19,720.00	\$39,440	\$59,160	\$59,160
3	\$24,860.00	\$49,720	\$74,580	\$74,580
4	\$30,000.00	\$60,000	\$90,000	\$90,000
5	\$35,140.00	\$70,280	\$105,420	\$105,420
6	\$40,280.00	\$80,560	\$120,840	\$120,840
7	\$45,420.00	\$90,840	\$136,260	\$136,260
8	\$50,560.00	\$101,120	\$151,680	\$151,680
9	\$55,700.00	\$111,400	\$167,100	\$167,100
10	\$60,840.00	\$121,680	\$182,520	\$182,520
Plus \$X for each additional family member		\$5,140	\$10,280	

To find out if you qualify for Financial-Aid, please contact a Registration Staff Member at your Gateway facility.

- Gateway Healthcare, 103 Bacon St., Pawtucket, RI 02860
- Gateway Healthcare, 1443 Hartford Ave., Johnston, RI 02919
- Gateway Healthcare, 4705A Old Post Road, Charlestown, RI 02813

Or Call the Gateway Finance Department at 401-724-8400

If you are denied Financial-Aid, you may appeal the decision. You may also request the appeal process from the contact above.