

Rhode Island Hospital is proud of its commitment to provide quality care to all who need it. Rhode Island Hospital provides financial aid to patients without health insurance and who may not be able to pay for their care. Rhode Island Hospital also offers discounts to uninsured patients who may have difficulty paying their full hospital bill. This free and discounted care applies to essential hospital services ONLY.

FULL CHARITY CARE

We provide hospital 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*	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860	\$8,840

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.

PARTIAL CHARITY CARE

We also provide discounted hospital care to uninsured Rhode Island residents with incomes between:

Family Size	Federal Poverty	Family Size																	
		Low	High	1		2		3		4		5		6		7		8	
				O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P
1	12,490		24,980	Free	Free														
2	16,910	24,981	33,820	90%	80%	Free	Free												
3	21,330	33,821	42,660	82%	60%	90%	80%	Free	Free										
4	25,750	42,661	51,500	82%	40%	82%	60%	90%	80%	Free	Free								
5	30,170	51,501	60,340	82%	20%	82%	40%	82%	60%	90%	80%	Free	Free						
6	34,590	60,341	69,180	82%	DRG	82%	20%	82%	40%	82%	60%	90%	80%	Free	Free				
7	39,010	69,181	78,020	82%	DRG	82%	DRG	82%	20%	82%	40%	82%	60%	90%	80%	Free	Free		
8	43,430	78,021	86,860	82%	DRG	82%	DRG	82%	DRG	82%	20%	82%	40%	82%	60%	90%	80%	Free	Free
		86,861	95,700	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	20%	82%	40%	82%	60%	90%	80%
		95,701	104,540	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	20%	82%	40%	82%	60%
		104,541	113,380	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	20%	82%	40%
		113,381	122,220	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	20%
		122,221	131,060	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.

To find out if you qualify for financial-aid, please contact a Patient Financial Advocate at 444-7850.

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

FINANCIAL-AID CRITERIA

The Miriam Hospital is proud of its commitment to provide quality care to all who need it.

The Miriam Hospital provides financial aid to patients without health insurance and who may not be able to pay for their care. The Miriam Hospital also offers discounts to uninsured patients who may have difficulty paying their full hospital bill. This free and discounted care applies to essential hospital services ONLY.

FULL CHARITY CARE

We provide hospital 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*	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860	\$8,840

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.

PARTIAL CHARITY CARE

We also provide discounted hospital care to uninsured Rhode Island residents with incomes between:

Family Size	Federal Poverty	Low	High	Family Size															
				1		2		3		4		5		6		7		8	
				O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P
1	12,490		24,980	Free	Free														
2	16,910	24,981	33,820	90%	80%	Free	Free												
3	21,330	33,821	42,660	82%	60%	90%	80%	Free	Free										
4	25,750	42,661	51,500	82%	40%	82%	60%	90%	80%	Free	Free								
5	30,170	51,501	60,340	82%	20%	82%	40%	82%	60%	90%	80%	Free	Free						
6	34,590	60,341	69,180	82%	DRG	82%	20%	82%	40%	82%	60%	90%	80%	Free	Free				
7	39,010	69,181	78,020	82%	DRG	82%	DRG	82%	20%	82%	40%	82%	60%	90%	80%	Free	Free		
8	43,430	78,021	86,860	82%	DRG	82%	DRG	82%	DRG	82%	20%	82%	40%	82%	60%	90%	80%	Free	Free
		86,861	95,700	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	20%	82%	40%	82%	60%	90%	80%
		95,701	104,540	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	20%	82%	40%	82%	60%
		104,541	113,380	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	20%	82%	40%
		113,381	122,220	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	20%
		122,221	131,060	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.

To find out if you qualify for financial-aid, please contact
a Patient Financial Advocate at 793-2206.

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

Effective October 1, 2019

FINANCIAL-AID CRITERIA

Effective October 1, 2019

Bradley Hospital is proud of its commitment to provide quality care to all who need it.

Bradley Hospital provides financial aid to patients without health insurance and who may not be able to pay for their care. Bradley Hospital also offers discounts to uninsured patients who may have difficulty paying their full hospital bill. This free and discounted care applies to essential hospital services ONLY.

FULL CHARITY CARE

We provide hospital 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*	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860	\$8,840

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.

PARTIAL CHARITY CARE

We also provide discounted hospital care to uninsured Rhode Island residents with incomes between:

Family Size	Federal Poverty	Family Size									
		Low	High	1	2	3	4	5	6	7	8
1	12,490		24,980	Free							
2	16,910	24,981	33,820	90%	Free						
3	21,330	33,821	42,660	75%	90%	Free					
4	25,750	42,661	51,500	60%	75%	90%	Free				
5	30,170	51,501	60,340	56%	60%	75%	90%	Free			
6	34,590	60,341	69,180	56%	56%	60%	75%	90%	Free		
7	39,010	69,181	78,020	56%	56%	56%	60%	75%	90%	Free	
8	43,430	78,021	86,860	56%	56%	56%	56%	60%	75%	90%	Free
		86,861	95,700	56%	56%	56%	56%	56%	60%	75%	90%
		95,701	104,540	56%	56%	56%	56%	56%	56%	60%	75%
		104,541	113,380	56%	56%	56%	56%	56%	56%	56%	60%
		113,381	122,220	56%	56%	56%	56%	56%	56%	56%	56%
		122,221	131,060	56%	56%	56%	56%	56%	56%	56%	56%

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.

To find out if you qualify for financial-aid, please contact a Patient Financial Service Representative at 444-6526.
If you are denied financial-aid, you may appeal the decision. You may also request the appeal process from the contact above.

Effective October 1, 2019

FINANCIAL-AID CRITERIA

Effective October 1, 2019

Newport Hospital is proud of its commitment to provide quality care to all who need it. Newport Hospital provides financial aid to patients without health insurance and who may not be able to pay for their care. Newport Hospital also offers discounts to uninsured patients who may have difficulty paying their full hospital bill. This free and discounted care applies to essential hospital services ONLY.

FULL CHARITY CARE

We provide hospital 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*	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860	\$8,840

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.

PARTIAL CHARITY CARE

We also provide discounted hospital care to uninsured Rhode Island residents with incomes between:

Family Size	Federal Poverty	Low	High	Family Size															
				1		2		3		4		5		6		7		8	
				O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P
1	12,490		24,980	Free	Free														
2	16,910	24,981	33,820	90%	80%	Free	Free												
3	21,330	33,821	42,660	83%	60%	90%	80%	Free	Free										
4	25,750	42,661	51,500	83%	40%	83%	60%	90%	80%	Free	Free								
5	30,170	51,501	60,340	83%	20%	83%	40%	83%	60%	90%	80%	Free	Free						
6	34,590	60,341	69,180	83%	DRG	83%	20%	83%	40%	83%	60%	90%	80%	Free	Free				
7	39,010	69,181	78,020	83%	DRG	83%	DRG	83%	20%	83%	40%	83%	60%	90%	80%	Free	Free		
8	43,430	78,021	86,860	83%	DRG	83%	DRG	83%	DRG	83%	20%	83%	40%	83%	60%	90%	80%	Free	Free
		86,861	95,700	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	20%	83%	40%	83%	60%	90%	80%
		95,701	104,540	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	20%	83%	40%	83%	60%
		104,541	113,380	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	20%	83%	40%
		113,381	122,220	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	20%
		122,221	131,060	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.

To find out if you qualify for financial-aid, please contact a Financial Counselor 401-864-6400.

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

Effective October 1, 2019

FINANCIAL-AID CRITERIA

Effective October 1, 2019

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

Gateway Healthcare, Inc. provides financial aid to patients without health insurance and who may not be able to pay for their care. Gateway Healthcare, Inc. also offers discounts to uninsured patients who may have difficulty paying their full hospital bill. This free and discounted care applies to essential hospital services ONLY.

FULL CHARITY CARE

We provide hospital 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*	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860	\$8,840

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.

PARTIAL CHARITY CARE

We also provide discounted hospital care to uninsured Rhode Island residents with incomes between:

Family Size	Federal Poverty	Family Size									
		Low	High	1	2	3	4	5	6	7	8
1	12,490		24,980	Free							
2	16,910	24,981	33,820	90%	Free						
3	21,330	33,821	42,660	75%	90%	Free					
4	25,750	42,661	51,500	60%	75%	90%	Free				
5	30,170	51,501	60,340	56%	60%	75%	90%	Free			
6	34,590	60,341	69,180	56%	56%	60%	75%	90%	Free		
7	39,010	69,181	78,020	56%	56%	56%	60%	75%	90%	Free	
8	43,430	78,021	86,860	56%	56%	56%	56%	60%	75%	90%	Free
		86,861	95,700	56%	56%	56%	56%	56%	60%	75%	90%
		95,701	104,540	56%	56%	56%	56%	56%	56%	60%	75%
		104,541	113,380	56%	56%	56%	56%	56%	56%	56%	60%
		113,381	122,220	56%	56%	56%	56%	56%	56%	56%	56%
		122,221	131,060	56%	56%	56%	56%	56%	56%	56%	56%

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.

To find out if you qualify for financial-aid, please contact a Patient Financial Service Representative at 444-6526.
If you are denied financial-aid, you may appeal the decision. You may also request the appeal process from the contact above.

Effective October 1, 2019

FINANCIAL-AID CRITERIA

Effective October 1, 2019

Lifespan Physician Group is proud of its commitment to provide quality care to all who need it. Lifespan Physician Group provides financial aid to patients without health insurance and who may not be able to pay for their care. Lifespan Physician Group also offers discounts to uninsured patients who may have difficulty paying their full bill. This free and discounted care applies to essential services ONLY for Lifespan Physician Group.

FULL CHARITY CARE

We provide essential 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*	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860	\$8,840

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.

PARTIAL CHARITY CARE

We also provide discounted essential care to uninsured Rhode Island residents with incomes between:

Family Size	Federal Poverty	Low	High	Family Size							
				1	2	3	4	5	6	7	8
1	12,490		24,980	Free							
2	16,910	24,981	33,820	90%	Free						
3	21,330	33,821	42,660	75%	90%	Free					
4	25,750	42,661	51,500	69%	75%	90%	Free				
5	30,170	51,501	60,340	69%	69%	75%	90%	Free			
6	34,590	60,341	69,180	69%	69%	69%	75%	90%	Free		
7	39,010	69,181	78,020	69%	69%	69%	69%	75%	90%	Free	
8	43,430	78,021	86,860	69%	69%	69%	69%	69%	75%	90%	Free
		86,861	95,700	69%	69%	69%	69%	69%	69%	75%	90%
		95,701	104,540	69%	69%	69%	69%	69%	69%	69%	75%
		104,541	113,380	69%	69%	69%	69%	69%	69%	69%	69%
		113,381	122,220	69%	69%	69%	69%	69%	69%	69%	69%
		122,221	131,060	69%	69%	69%	69%	69%	69%	69%	69%

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.

To find out if you qualify for financial-aid, please contact
a Patient Financial Advocate at 444-7850.

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