

Effective January, 2025

FINANCIAL-AID CRITERIA

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* | \$31,300 | \$42,300 | \$53,300 | \$64,300 | \$75,300 | \$86,300 | \$97,300 | \$108,300 | \$11,000 |

PARTIAL CHARITY CARE

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

| % Based on Federal Poverty Level, at or below: | | <200% | 201%-300% | 301%+ |
|--|-----------------------|--------------|------------|-------------|
| <i>Outpatient % Discount</i> | | FREE | 90% | 78% |
| <i>Inpatient % Discount</i> | | FREE | 80% of DRG | DRG |
| Family Size | Federal Poverty Level | Income Up To | | Income Over |
| 1 | \$15,650.00 | \$31,300 | \$46,950 | \$46,950 |
| 2 | \$21,150.00 | \$42,300 | \$63,450 | \$63,450 |
| 3 | \$26,650.00 | \$53,300 | \$79,950 | \$79,950 |
| 4 | \$32,150.00 | \$64,300 | \$96,450 | \$96,450 |
| 5 | \$37,650.00 | \$75,300 | \$112,950 | \$112,950 |
| 6 | \$43,150.00 | \$86,300 | \$129,450 | \$129,450 |
| 7 | \$48,650.00 | \$97,300 | \$145,950 | \$145,950 |
| 8 | \$54,150.00 | \$108,300 | \$162,450 | \$162,450 |
| 9 | \$59,650.00 | \$119,300 | \$178,950 | \$178,950 |
| 10 | \$65,150.00 | \$130,300 | \$195,450 | \$195,450 |
| Each additional family member | | \$5,500 | \$11,000 | |

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.

Effective January, 2025

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* | \$31,300 | \$42,300 | \$53,300 | \$64,300 | \$75,300 | \$86,300 | \$97,300 | \$108,300 | \$11,000 |

PARTIAL CHARITY CARE

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

| % Based on Federal Poverty Level, at or below: | | <200% | 201%-300% | 301%+ |
|--|-----------------------|--------------|------------|-------------|
| Outpatient % Discount | | FREE | 90% | 81% |
| Inpatient % Discount | | FREE | 80% of DRG | DRG |
| Family Size | Federal Poverty Level | Income Up To | | Income Over |
| 1 | \$15,650.00 | \$31,300 | \$46,950 | \$46,950 |
| 2 | \$21,150.00 | \$42,300 | \$63,450 | \$63,450 |
| 3 | \$26,650.00 | \$53,300 | \$79,950 | \$79,950 |
| 4 | \$32,150.00 | \$64,300 | \$96,450 | \$96,450 |
| 5 | \$37,650.00 | \$75,300 | \$112,950 | \$112,950 |
| 6 | \$43,150.00 | \$86,300 | \$129,450 | \$129,450 |
| 7 | \$48,650.00 | \$97,300 | \$145,950 | \$145,950 |
| 8 | \$54,150.00 | \$108,300 | \$162,450 | \$162,450 |
| 9 | \$59,650.00 | \$119,300 | \$178,950 | \$178,950 |
| 10 | \$65,150.00 | \$130,300 | \$195,450 | \$195,450 |
| Plus \$X for each additional family member | | \$5,500 | \$11,000 | |

To find out if you qualify for Financial-Aid, please contact a Patient Financial Advocate at 401-793-2206. If you are denied Financial-Aid, you may appeal the decision. You may also request the appeal process from the contact above.

Effective January, 2025

FINANCIAL-AID CRITERIA

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* | \$31,300 | \$42,300 | \$53,300 | \$64,300 | \$75,300 | \$86,300 | \$97,300 | \$108,300 | \$11,000 |

PARTIAL CHARITY CARE

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

| % Based on Federal Poverty Level, at or below: | | <200% | 201%-300% | 301%+ |
|--|-----------------------|--------------|------------|-------------|
| <i>Outpatient % Discount</i> | | FREE | 90% | 82% |
| <i>Inpatient % Discount</i> | | FREE | 80% of DRG | DRG |
| Family Size | Federal Poverty Level | Income Up To | | Income Over |
| 1 | \$15,650.00 | \$31,300 | \$46,950 | \$46,950 |
| 2 | \$21,150.00 | \$42,300 | \$63,450 | \$63,450 |
| 3 | \$26,650.00 | \$53,300 | \$79,950 | \$79,950 |
| 4 | \$32,150.00 | \$64,300 | \$96,450 | \$96,450 |
| 5 | \$37,650.00 | \$75,300 | \$112,950 | \$112,950 |
| 6 | \$43,150.00 | \$86,300 | \$129,450 | \$129,450 |
| 7 | \$48,650.00 | \$97,300 | \$145,950 | \$145,950 |
| 8 | \$54,150.00 | \$108,300 | \$162,450 | \$162,450 |
| 9 | \$59,650.00 | \$119,300 | \$178,950 | \$178,950 |
| 10 | \$65,150.00 | \$130,300 | \$195,450 | \$195,450 |
| Plus \$X for each additional family member | | \$5,500 | \$11,000 | |

To find out if you qualify for Financial-Aid, please contact a Patient Financial Advocate at 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 January, 2025

FINANCIAL-AID CRITERIA

Emma Pendleton Bradley Hospital is proud of its commitment to provide quality care to all who need it. Emma Pendleton Bradley Hospital provides financial aid to patients without health insurance and who may not be able to pay for their care. Emma Pendleton 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* | \$31,300 | \$42,300 | \$53,300 | \$64,300 | \$75,300 | \$86,300 | \$97,300 | \$108,300 | \$11,000 |

PARTIAL CHARITY CARE

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

| % Based on Federal Poverty Level, at or below: | | <200% | 201%-300% | 301%+ |
|--|-----------------------|--------------|-----------|-------------|
| <i>Outpatient % Discount</i> | | FREE | 90% | 74% |
| <i>Inpatient % Discount</i> | | FREE | 90% | 53% |
| Family Size | Federal Poverty Level | Income Up To | | Income Over |
| 1 | \$15,650.00 | \$31,300 | \$46,950 | \$46,950 |
| 2 | \$21,150.00 | \$42,300 | \$63,450 | \$63,450 |
| 3 | \$26,650.00 | \$53,300 | \$79,950 | \$79,950 |
| 4 | \$32,150.00 | \$64,300 | \$96,450 | \$96,450 |
| 5 | \$37,650.00 | \$75,300 | \$112,950 | \$112,950 |
| 6 | \$43,150.00 | \$86,300 | \$129,450 | \$129,450 |
| 7 | \$48,650.00 | \$97,300 | \$145,950 | \$145,950 |
| 8 | \$54,150.00 | \$108,300 | \$162,450 | \$162,450 |
| 9 | \$59,650.00 | \$119,300 | \$178,950 | \$178,950 |
| 10 | \$65,150.00 | \$130,300 | \$195,450 | \$195,450 |
| Plus \$X for each additional family member | \$5,500 | \$11,000 | | |

To find out if you qualify for Financial-Aid, please contact a Patient Financial Advocate at 401-444-7850. If you are denied Financial-Aid, you may appeal the decision. You may also request the appeal process from the contact above.

Effective January, 2025

FINANCIAL-AID CRITERIA

Gateway HealthCare is proud of its commitment to provide quality care to all who need it. Gateway HealthCare provides financial aid to patients without health insurance and who may not be able to pay for their care. Gateway HealthCare 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* | \$31,300 | \$42,300 | \$53,300 | \$64,300 | \$75,300 | \$86,300 | \$97,300 | \$108,300 | \$11,000 |

PARTIAL CHARITY CARE

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

| % Based on Federal Poverty Level, at or below: | | < = 200% | 201%-300% | 301%+ |
|--|-----------------------|--------------|-----------|-------------|
| <i>Outpatient % Discount</i> | | FREE | 90% | 33% |
| Family Size | Federal Poverty Level | Income Up To | | Income Over |
| 1 | \$15,650.00 | \$31,300 | \$46,950 | \$46,950 |
| 2 | \$21,150.00 | \$42,300 | \$63,450 | \$63,450 |
| 3 | \$26,650.00 | \$53,300 | \$79,950 | \$79,950 |
| 4 | \$32,150.00 | \$64,300 | \$96,450 | \$96,450 |
| 5 | \$37,650.00 | \$75,300 | \$112,950 | \$112,950 |
| 6 | \$43,150.00 | \$86,300 | \$129,450 | \$129,450 |
| 7 | \$48,650.00 | \$97,300 | \$145,950 | \$145,950 |
| 8 | \$54,150.00 | \$108,300 | \$162,450 | \$162,450 |
| 9 | \$59,650.00 | \$119,300 | \$178,950 | \$178,950 |
| 10 | \$65,150.00 | \$130,300 | \$195,450 | \$195,450 |
| Plus \$X for each additional family member | | \$5,500 | \$11,000 | |

To find out if you qualify for Financial-Aid, please contact a Benefit Specialist Pawtucket - 401-722-3560, Johnston - 401-273-8100, WashCo - 401-364-7705. If you are denied Financial-Aid, you may appeal the decision. You may also request the appeal process from the contact above.

Effective January, 2025

FINANCIAL-AID CRITERIA

Brown Health Medical Group Primary Care is proud of its commitment to provide quality care to all who need it. Brown Health Medical Group Primary Care provides financial aid to patients without health insurance and who may not be able to pay for their care. Brown Health Medical Group Primary Care 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* | \$31,300 | \$42,300 | \$53,300 | \$64,300 | \$75,300 | \$86,300 | \$97,300 | \$108,300 | \$11,000 |

PARTIAL CHARITY CARE

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

| % Based on Federal Poverty Level, at or below: | | <200% | 201%-300% | 301%+ |
|--|-----------------------|--------------|-----------|-------------|
| <i>Outpatient % Discount</i> | | FREE | 90% | 45% |
| Family Size | Federal Poverty Level | Income Up To | | Income Over |
| 1 | \$15,650.00 | \$31,300 | \$46,950 | \$46,950 |
| 2 | \$21,150.00 | \$42,300 | \$63,450 | \$63,450 |
| 3 | \$26,650.00 | \$53,300 | \$79,950 | \$79,950 |
| 4 | \$32,150.00 | \$64,300 | \$96,450 | \$96,450 |
| 5 | \$37,650.00 | \$75,300 | \$112,950 | \$112,950 |
| 6 | \$43,150.00 | \$86,300 | \$129,450 | \$129,450 |
| 7 | \$48,650.00 | \$97,300 | \$145,950 | \$145,950 |
| 8 | \$54,150.00 | \$108,300 | \$162,450 | \$162,450 |
| 9 | \$59,650.00 | \$119,300 | \$178,950 | \$178,950 |
| 10 | \$65,150.00 | \$130,300 | \$195,450 | \$195,450 |
| Plus \$X for each additional family member | | \$5,500 | \$11,000 | |

To find out if you qualify for Financial-Aid, please contact a Patient Financial Service Representative at 444-7850 or 793-2209 or 845-1490.

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

Effective January 2025

FINANCIAL-AID CRITERIA

Brown Health Medical Group is proud of its commitment to provide quality care to all who need it. Brown Health Medical Group provides financial aid to patients without health insurance and who may not be able to pay for their care. Brown Health Medical Group 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* | \$31,300 | \$42,300 | \$53,300 | \$64,300 | \$75,300 | \$86,300 | \$97,300 | \$108,300 | \$11,000 |

PARTIAL CHARITY CARE

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

| % Based on Federal Poverty Level, at or below: | | | | |
|--|-----------------------|--------------|-----------|-------------|
| | | <200% | 201%-300% | 301%+ |
| Outpatient % Discount | | Free | 90% | 72% |
| Family Size | Federal Poverty Level | Income Up To | | Income Over |
| 1 | \$15,650.00 | \$31,300 | \$46,950 | \$46,950 |
| 2 | \$21,150.00 | \$42,300 | \$63,450 | \$63,450 |
| 3 | \$26,650.00 | \$53,300 | \$79,950 | \$79,950 |
| 4 | \$32,150.00 | \$64,300 | \$96,450 | \$96,450 |
| 5 | \$37,650.00 | \$75,300 | \$112,950 | \$112,950 |
| 6 | \$43,150.00 | \$86,300 | \$129,450 | \$129,450 |
| 7 | \$48,650.00 | \$97,300 | \$145,950 | \$145,950 |
| 8 | \$54,150.00 | \$108,300 | \$162,450 | \$162,450 |
| 9 | \$59,650.00 | \$119,300 | \$178,950 | \$178,950 |
| 10 | \$65,150.00 | \$130,300 | \$195,450 | \$195,450 |
| Plus \$X for each additional family member | | \$5,500 | \$11,000 | |

To find out if you qualify for Financial-Aid, please contact a Patient Financial Service Representative at 444-7850 or 793-2209 or 845-1490. If you are denied Financial-Aid, you may appeal the decision. You may also request the appeal process from the contact above.

Effective January, 2025

FINANCIAL-AID CRITERIA

Brown University Health Urgent Care is proud of its commitment to provide quality care to all who need it. Brown University Health Urgent Care provides financial aid to patients without health insurance and who may not be able to pay for their care. Brown University Health Urgent Care 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* | \$31,300 | \$42,300 | \$53,300 | \$64,300 | \$75,300 | \$86,300 | \$97,300 | \$108,300 | \$11,000 |

PARTIAL CHARITY CARE

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

| % Based on Federal Poverty Level, at or below: | | <200% | 201%-300% | 301%+ |
|--|-----------------------|--------------|-----------|-------------|
| URGENT CARE % Discount | | 100% | 90% | 50% |
| Family Size | Federal Poverty Level | Income Up To | | Income Over |
| 1 | \$15,650.00 | \$31,300 | \$46,950 | \$46,950 |
| 2 | \$21,150.00 | \$42,300 | \$63,450 | \$63,450 |
| 3 | \$26,650.00 | \$53,300 | \$79,950 | \$79,950 |
| 4 | \$32,150.00 | \$64,300 | \$96,450 | \$96,450 |
| 5 | \$37,650.00 | \$75,300 | \$112,950 | \$112,950 |
| 6 | \$43,150.00 | \$86,300 | \$129,450 | \$129,450 |
| 7 | \$48,650.00 | \$97,300 | \$145,950 | \$145,950 |
| 8 | \$54,150.00 | \$108,300 | \$162,450 | \$162,450 |
| 9 | \$59,650.00 | \$119,300 | \$178,950 | \$178,950 |
| 10 | \$65,150.00 | \$130,300 | \$195,450 | \$195,450 |
| Plus \$X for each additional family member | | \$5,500 | \$11,000 | |

To find out if you qualify for Financial-Aid, please contact a Patient Financial Service Representative at **444-7850 or 793-2209 or 845-1490**.
If you are denied Financial-Aid, you may appeal the decision. You may also request the appeal process from the contact above.