

FINANCIAL-AID CRITERIA

Morton Hospital is proud of its commitment to provide quality care to all who need it. Morton Hospital provides financial aid to patients without health insurance and who may not be able to pay for their care. Morton 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	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 Patient Financial Advocate at (508)828-7324 and (508)828-7075. 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

Saint Anne's Hospital is proud of its commitment to providing quality care to all who need it. Saint Anne's Hospital provides financial aid to patients without health insurance and who may not be able to pay for their care. Saint Anne's 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	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 Patient Financial Advocate at 508 235-5029. 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

Brown Health Medical Group Massachusetts 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 Health Medical Group Massachusetts 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.

